



VOL. 1, NO. 1 MAY, 1928

# HOSPITALS AND THE COMMUNITY WITH SPECIAL REFERENCE TO HOSPITALS FOR PEOPLE OF MODERATE MEANS

OSPITALS are becoming year by year of greater importance to all sections of the community. Their first obligation is to take care of the sick. Until very recent years, great general hospitals limited their work in this particular to the care of the sick poor. The record of the beginning of their work in this line is lost in the dimness of history. One of the oldest of existing institutions is St. Bartholomew's Hospital in London, which has just celebrated its 800th anniversary. The care of the sick poor in hospitals has greater antiquity than this, with minor exceptions. The great English hospitals, St. Bartholomew's, Guy's, St. Thomas', London, and others still accept as patients only those who are unable to pay for care when they are ill. In America, even in the conservative East, we are more flexible than the English. Our great general hospitals usually founded, as were the English, for the care of the poor, have in many if not most instances, added private ward buildings for the care of those who can pay, not only the somewhat substantial rates required to furnish first-class service, but also their doctor's bills. The rich have known and as usual have promptly obtained the best for their care and that of their families when illness comes. The establishment of these private wards in connection with great hospital foundations has been much to the benefit of the wealthy. It has been equally to the advantage of the hospital. It has helped to conserve the time of the physicians and surgeons of the staff and to centralize their activities, thus making it possible for them to give more freely of their gratuitous care to the sick poor in the charitable wards. It has financially benefitted the hospitals. No other safe investment makes so liberal a return. It has brought within its walls those who are able to give and help in the great work which the hospital carries on, which is non-remunerative and requires liberal endowment. This work is (1) scientific care of the sick poor, (2) education of physicians, nurses, social workers, dietitians and others, and of the public in the prevention and control of disease, (3) research into the cause and cure of disease.

It is not my aim today to dwell upon these great hospital functions of such vital importance to the public health, and, therefore, to all lines of human endeavor. If a man hasn't his health he has nothing. Position and wealth mean nothing without it. Without good health there is no satisfaction in work or play. Why is it that our intelligent and well-to-do citizens seek hospital care in our great general hospitals in time of illness? Because they have learned that there and only there do they have their best chance for renewed health. There are many reasons for this. Here are the laboratories under the most skilled supervision; pathological, roentgenological, bacteriological, serological, chemical, metabolical, cardiological laboratories are some of these. The laboratory itself is not enough—each must be presided over by an expert of great skill and judgment, whose opinion should be the last word in his own line of work. A patient with an obscure disease may require the services of any or all of these laboratories before a diagnosis is made. A little thought shows plainly how impossible it is to carry all this to the bedside in the home of the richest of men. If an operation is necessary the patient's chances are best in the hospital operating rooms where all facilities are convenient for the surgeon, and skilled assistants are readily available. The nursing care supervised by hospital officials is more dependable. If an emergency arises, the needed services of a physician or surgeon may be obtained within the hospital walls. Consultation is easy for here come daily the leading specialists in all branches of medicine and the equipment which these men need is always ready. I might dilate upon this point but it seems to be proven beyond reasonable doubt and I have not yet touched upon the subject which I wish greatly to impress upon you. That subject is the provision of facilities for the care of patients of moderate means in our great general hospitals.

Enough has been said to show that the rich and the poor now have the opportunity to get the best care when ill. What of the man of small or moderate income? He cannot afford the private ward at the hospital, or the doctor's fees there charged. He cannot enter the charitable wards because he can pay his doctor something and medical services there are gratuitous. He is self-respecting and wishes to pay his way as far as he can. What is the result? Members of his family

(Continued on page 4)



Editorial Office Massachusetts General Hospital BOSTON, MASS.

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## BEGINNINGS OF THE HOSPITAL

N February 25, 1811, a charter was obtained from the Legislature, incorporating fifty-six of the "most distinguished inhabitants of the various towns of the Commonwealth, by the name of the Massachusetts General Hospital." The first meeting of the Corporation was held April 23rd of the same year. The first trustees were chosen February 2, 1813. It was ordered that a common seal should be prepared, and on November 30, 1817, Colonel Joseph May, one of the trustees, laid it before the Board. The device was that of the State seal—an Indian with a bow in one hand and an arrow in the other, and on his right, a star. The whole was encircled with the inscription "Massachusetts General Hospital 1811."

Owing to the deplorable condition of the insane here in New England, the hospital for that class of patients was built first, at Somerville, and later named the McLean Asylum in honor of John McLean, who made a liberal bequest to the Corporation, and also named it his residuary legatee. Later on, in 1818, ground was broken for the erection of the General Hospital, and the corner-stone laid on July Fourth, of that year, with full Masonic ceremonies. The Boston Commercial Gazette of July 6th makes the following report of the occasion: The procession "was escorted by the Independent Company of Cadets, and Boston Light Infantry, to the Hospital Square in North Allen Street, where the ceremony of laying the foundation stone of a splendid edifice, dedicated to objects of public charity, was performed. . . . The Plate, Coins, etc., which were highly ornamented with roses and other flowers, was borne in the procession by Master William Gordon Prince, son of the Treasurer of this humane Institution. . . . A salute from the military escort announced the deposit of these memorials."

Before the ceremony a breakfast was served at the home of James Prince, Esq., in Chamber Street, West Boston; and a collation at noon at the State House, after the ceremony.

Sad to relate, at the present time it is impossible to locate this corner-stone. During the many changes which have been made in the building in the one hundred and ten years since the stone was laid, it has either been covered over, or built around, until its position is lost.

North Allen Street, mentioned in the newspaper quotation, ran where Allen Street now runs, and in the title is described as "a forty-foot street to be laid out, which is forever to remain open for the use of the Hospital and the public." South Allen Street ran from Chamber to Blossom Street, and is now McLean Street.

G. W. M.



It will be the aim of the News to keep the graduates and friends of the Hospital in intimate touch with the work that is going on at the Hospital. We hope to have reports from various departments concerning special features of their work. In addition, a report will be made from time to time of the various publications from members of the Hospital staff. The News will also contain the material formerly published as the Massachusetts General Hospital Bulletin, including the changes in the staff and any appointments to the staff or resignations. It is planned to publish the News about four times a year.

The Massachusetts General Hospital Bulletin, which the News replaces as a publication of the Hospital, was first issued December 10, 1913. For the first few months the numbers appeared three or four times a month but after a short period it was issued less frequently until it ceased publication with the issue of November 17, 1917.

In December 1919 the Bulletin was revived. Since that date it has been published about twice a year, the last issue being that of July 1926.



The address By Dr. F. A. Washburn, published on page one of this issue of the News, was delivered at a luncheon of the Professional Men's Club, Minneapolis, Minn., during the convention of the American Hospital Association, October 13, 1927.

The Editorial Board is greatly indebted to the Librarian of the Tredwell Library for many of the notes, published herewith, on the activities of the Hospital Staff.

## DESIDERATA TREADWELLIANA

Journal of Nervous and Mental Disease. Vols. 1-8; vol. 14, no. 8; vol. 25, no. 11; vol. 27, no. 3; vol. 29, no. 7; vol. 31, no. 10; vols. 32-41; vol. 42, nos. 1-11; vol. 57, no. 5 and vol. 58 to date.

## STAFF CHANGES

June 11, 1926-DR. HENRY D. LLOYD appointed Chief of Syphilis Dep't. DR. BENGT HAMILTON appointed Assoc. Physician, Child. Med. Dept.

June 25, 1926-

JAMES B. AYER appointed Chief of Neurological Dep't. DR. C. MORTON SMITH appointed to Board of Consultation. DR. EDWARD W. TAYLOR appointed to Board of Consultation.

July 9, 1926-DR. RAYMOND LENHARD appointed Assistant in Orthopedic

Dep't.

Oct. 1, 1926-DR. CLYDE S. MARSHALL appointed Resident Physician in Neurol.

1926-

DR. FLETCHER COLBY appointed Assistant Urologist. DR. GEORGE C. PRATHER appointed Assistant Urologist.

Nov. 12, 1926-

DR. HOWARD B. SPRAGUE appointed Assistant in Medicine. 26, 1926-

DR. JOSEPH GARLAND & J. HERBERT YOUNG, titles changed from Visiting Physician to Children's Medical Dep't to Physician to Child. Medical Dep't

DR. BENGT HAMILTON, title changed from Associate Physician to Child. Medical Dep't to Physician to Children's Medical Dep't.

Jan. 1927

DR. J. H. SWARTZ promoted from Assistant in Dermatological Dep't to Assistant Dermatologist.

DR. HARRIET E. ROGERS transferred from Assistant in Urol. Dep't to Assistant in Medical Dep't.

DR. ROY R. WHEELER transferred from Assistant Physician to Out-Patients to Physician to Special Clinics.

Jan. 21, 1927— DR. EDWARD W. KARCHER promoted from Assistant Physician to Syphilis Out-Patients to Physician to Syphilis Out-Patients.

DR. FRANCIS T. HUNTER appointed Assistant in Medicine.
DR. C. C. SIMMONS & BETH VINCENT promoted from Assistant

Visiting Physicians to Visiting Physicians.

DR. W. J. MIXTER & WYMAN WHITTEMORE promoted from

Assistant Visiting Physicians to Associate Physicians. DR. G. A. LELAND, JR., A. W. ALLEN & E. L. YOUNG, JR., promoted from Surgeons to Out-Patients to Assistant Visiting Surgeons.

DR. M. A. McIVER & E. D. CHURCHILL promoted from Associates

in Surgery to Assistant Visiting Surgeons.

DR. ERNEST M. DALAND, JOHN S. HODGSON, LELAND S. McKITTRICK & JOE VINCENT MEIGS promoted from Assistant Surgeons to Out-Patients to Surgeons to Out-Patients. DR. W. M. SHEDDEN & ERNEST T. SAEGER promoted from

Assistants in Surgery to Assistant Surgeons to Out-Patients.

DR. F. G. BALCH, JR. & HORATIO ROGERS appointed Assistants in Surgery.

Feb. 18, 1927-

DR. PAUL N. JEPSON appointed Assistant in Orthopedic Dep't. DR. C. A. PORTER & G. W. W. BREWSTER appointed to Board of Consultation.

March 4, 1927-

DR. INDIA HUNT BALCH appointed Assistant in Pathology. April 1, 1927

DR. GEORGE M. LAWSON appointed Bacteriologist.

April 15, 1927 DR. JOHN E. DALTON appointed Resident Physician, South Medical

April 29, 1927

DR. CHARLES J. WHITE appointed to the Board of Consultation. DR. SYDNEY BIDDLE appointed Resident Physician in Neurol. Dep't. April 25, 1927-

DR. F. T. HUNTER appointed to supervise the work of the technician in the P. H. laboratory. DR. JOHN J. DUNPHY appointed Assistant in Children's Med. Dep't.

May 27, 1927-

DR. HAROLD L. HIGGINS appointed Physician to Child. Med. Dep't.

DR. LANGDON T. THAXTER appointed Assistant Resident Physician, X-ray Dep't.

DR. CHARLES S. KUBIK appointed Assistant in Neurology & Neuro-Path.

DR. HENRY H. FAXON appointed Resident Surgeon, East Surgical Service.

DR. CHARLES D. RYAN appointed Assistant Resident Surgeon. West Surgical Service.

WILLIAM T. SALTER appointed Resident Physician, West DR. Med. Serv.

July 29, 1927-

REGINALD H. SMITHWICK appointed Resident Surgeon, West Surgical Service to begin November 1, 1927.

DR. EDWARD S. O'KEEFE transferred from Child. Med. Dep't to Med. Dep't & title changed from Phys. to Child. Med. Dep't to Physician to Special Clinics.

Aug. 19, 1927—
DR. RUSSELL L. SPLAINE appointed Assistant in Utological Dep't.

DR. ELIOT LUTHER appointed Assistant in Child. Med. Dep't. DR. JOHN D. CAMP appointed Assistant Visiting Roentgenologist. Sept. 1, 1927-

DR. JOHN J. WINKLER appointed Assistant Resident Physician, X-ray Dep't.

Sept. 16, 1927-

DR. MORRIS B. SANDERS appointed Assistant in Urology. DR. AUBREY O. HAMPTON appointed Assistant Roentgenologist. DR. JAMES M. FAULKNER, GEORGE P. REYNOLDS & JAMES H. TOWNSEND appointed Assistants in Medicine.

Oct. 1, DR. EDWARD M. BRIDGE appointed Resident Physician on Child. Med. Dep't.

Nov. 11, 1927-

DR. E. PARKER HAYDEN appointed Assistant Surgeon to Out-Patients.

DR. EDWARD B. BENEDICT appointed Assistant in Surgery, Out-Patient Dep't.

DR. ELIOT H. LUTHER appointed Assistant in Med. in addition to his position as Assistant in Child. Med. Dep't, Dec. 9, 1927-

DR. OSCAR F. COX & MORRIS B. SANDERS promoted from Assistants in Urol. to Assistant Urologists.

DR. W. FRANKLIN WOOD appointed Assistant Director of the General Hosp

DR. G. KENNETH COONSE appointed Assistant in Orth. Dep't. DR. EDWARD L. PIERSON appointed Resident Surgeon in Urological Dep't.

EDGAR W. WEIGEL

Dec. 23, 1927— DR. WYMAN RICHARDSON, DWIGHT L. SISCO & HOWARD B. SPRAGUE promoted from Assistants in Medicine to Assistant Physicians to Out-Patients.

DR. MILTON J. QUINN & LOUIS S. SILVER appointed Assistants in Medicine.

DR. E. LAWRENCE OLIVER appointed Chief of Dermatological Dep't.

## STAFF APPOINTMENTS

MEDICAL HOUSE OFFICERS

EDWARD F. BLAND July 1, 1927 JAMES B. GREASER July 1, 1927 ELBERT L. PERSONS HENRY FULLER October 1, 1927 October 1, 1927 SURGICAL HOUSE OFFICERS

RICHARD CHUTE July 1, 1927 CHARLES L. PARSONS July 1, 1927 EDWIN R. DURNO October, 1927 October, 1927 JOHN B. SEARS

ORTHOPEDIC HOUSE OFFICERS

RANDOLPH ANDERSON September 1, 1926 January 1, 1927 WILLIAM A. KEY March 1, 1927 J. B. COLQUHOUN G. KENNETH COONSE May 1, 1927 SAMUEL MATHEWS July 1, 1927 M. MELVIN CLARK September 1, 1927

November 1, 1927

## PATHOLOGICAL HOUSE OFFICERS

WILLIAM S. JUSTICE IRVING W. PARKHURST October 1, 1926 January 15, 1927 July 1, 1927 HARRY A. DEROW

#### NEUROLOGICAL HOUSE OFFICERS

February 18, 1927 DANIEL V. TROPPOLI

#### RESEARCH FELLOWS

DR. PHOEBE C. THOMPSON	August	6,	1926
DR. CAMILLE J. VAN CAULERT	October	1,	1926
DR. SEELEY G. MUDD	October	29,	1926
DR. FULLER ALBRIGHT	October	29,	1926
DR. ASBJORN FOLLING	February		
DR. R. F. FARQUHARSON	September		
DR. SHEO NAN CHEER	October	28,	1927

## DALTON SCHOLARS

DR. JACOB FINE	1926
DR. SEELEY G. MUDD	1926
DR. ROBERT S. PALMER	1927
DR. ELIOT H. LUTHER	1927
DR. WILLIAM J. HERMAN	1927

## RESIGNATIONS FROM THE STAFF

Sept. 17, 1926-

DR. JOHN W. S. BRADY, Physician to Special Clinics. Oct. 15, 1926-

DR. ALBERT N. STEELE, Assistant in Clinical Bacteriology.

Nov. 12, 1926— DR. JOSEPH P. DERBY, Assistant in Orthopedic Dep't.

Dec. 10, 1926-

DR. HAROLD M. FROST, Assistant Surgeon to Out-Patients. Dec. 24, 1926-

DR. F. GORHAM BRIGHAM, Physician to Out-Patients.

DR. WILLIAM G. LENNOX, Assistant in Medicine.

Feb. 2, 1927— DR. ROBERT D. CURTIS, Physician to Child. Med. Out-Patient Dep't.

Feb. 18, 1927-

DR. JOHN H. BUFFORD, Assistant Dermatologist.

Apr. 19, 1927-

DR. RAYMOND E. LENHARD, Assistant in Orthopedic Dep't.

DR. CHARLES J. WHITE, Chief of Dermatological Dep't. May 27, 1927-

DR. BENGT HAMILTON, Physician to Child. Med. Dep't.

Aug. 19, 1927— DR. JOHN D. CAMP, Assistant Roentgenologist.

Nov. 25, 1927 DR. GEORGE A. McIVER, First Assistant Director.

Dec. 23, 1927-DR. ROBERT W. BUCK, Assistant in Medicine.

DR. EDWARD M. BRIDGE, Resident Physician, Child. Med. Dep't.

## STAFF AND ALUMNI NECROLOGY

GEORGE MINOT GARLAND, Died Mar. 2, 1926; Physician to Out-Patients, 1887-1894.

HENRY FOX HEWES, Died July 8, 1926; East Medical, 1895; Physician to Out-Patients, 1899-1912; Assistant Visiting Physician, 1912-1925; Associate Physician, 1925-1926.

Franz Pfaff, Died Sept. 26, 1926; Chemist, 1896-1903.

WILLIAM STURGIS BIGELOW, Died Oct. 6, 1926; Surgeon to Out-Patients, 1879-1881; Trustee, 1893-1903.

OLIVER HURD EVERETT, Died Nov. 11, 1926; East Surgical, 1877.

JONATHAN DIXON YOST, Died Nov. 29, 1926; East Surgical, 1898.

GEORGE HAYWARD BINNEY, Died Dec. 14, 1926; West Surgical, 1913.

MARY WRIGHT, Died Jan. 13, 1927; Children's Medical, 1919; Assistant Physician Child. Med. O.P.D., 1922-1923; Physician Child. Med. O.P.D., 1923-1927.

WILLIAM GEORGE LEE, Died Feb. 10, 1927; East Surgical, 1905.

GEORGE KRAUS SABINE, Died Mar. 21, 1927; Surgical, 1872.

HARRY PAUL FINCK, Died April 26, 1927; Assistant Laryngologist, 1923-1927.

GEORGE MORRILL KIMBALL, Died Aug. 9, 1927; West Surgical, 1885.

Francis Weld Peabody, Died Oct. 13, 1927; East Medical, 1908.

JOHN COLLINS WARREN, Died Nov. 3, 1927; Surgical, 1865; Physician to Out-Patients, 1870-1872; Surgeon to Out-Patients, 1873-1876; Visiting Surgeon, 1876-1905; Board of Consultation, 1905-1927.

## HOSPITALS AND THE COMMUNITY

(Continued from page 1)

are sick at home. The fear of illness hangs over the heads of the parents like the sword of Damocles. When the sword falls two things are likely to happen to the unfortunate father. His loved one hasn't as good a chance of recovery as has the child of the rich man or the poor man. If the sickness is long continued, he may be sunk by a load of debt from which it may take years for him to free himself so that he can reach the surface of the sea of financial independence. In case of severe illness, the expense of paying a day nurse and perhaps a night nurse and boarding them (\$6 or \$12 per day plus a minimum of \$1.50 apiece for board-\$7.50 or \$15.00 per day for nursing only)—is prohibitive. Under existing conditions of living in apartments, there is no space which can be given up to sickness and nurse. Sickness in the home interferes with the family life. It makes the wage earner less productive, hinders the schooling of the children, may take all the time of the mother—a part of which should be devoted to the members of the family who are not ill. If the bread winner is the one to be ill the disaster may be even greater than in the case of the child.

People of moderate means are a very large and a very important group in the community. The exact percentage I do not pretend to know. The statement has recently been made in public print that over 90% of incomes in New York State is under \$5,000.00 per annum. Our sympathies are excited for the man or woman who is down and nearly out and ill in the charitable wards. We are doing well by him, but if he is wiped out the community suffers little. Economically, it may gain. If, for lack of proper facilities for the care of sickness the man of moderate means is lost, and he is being lost unnecessarily every day, then an economic loss has been inflicted upon the community. This must be stopped.

If we drift as we are drifting today, we shall soon be upon the shoals of State Medicine. This group of people demands and will and should have a chance for life and health equal to the rest of the community. If private initiative does not provide it they will turn to the State for relief and we shall have a socialistic experiment with its accompanying bureaucracy and inefficiency. Because of the lack of these facilities in the great endowed hospitals we already see insurance companies starting their own hospitals for patients injured in industrial accidents. Such hospitals are run as cheaply as possible and give the patient anything but the best of service.

At the Massachusetts General Hospital we are planning a Hospital for People of Moderate Means to have eventually 300 beds. We have planned an eleven story building in the middle of the plant, so arranged that all of the clinical and laboratory facilities of the General Hospital may be utilized as they are, or expanded where necessary. Heat, light and power will be furnished from the central power plant and the main laundry will be utilized. It will then be so built that it may operate in the most economical way and share in the existing overhead of the institution.

It is proposed to limit the fees of the doctors practicing in this building. We plan to assign pupil nurses to this hospital, using it for teaching purposes and relieving them from all but nursing functions by the liberal employment of nurse helpers and maids. The nursing will be adequate so that special nurses will be rarely required. Special nurses will not be authorized unless continuous care is demanded by the nature of the illness. Floor nursing will, of course, be included in the room price. We hope to make this project one which will give at cost, not including in the cost the interest on the investment, the best of hospital care to people of moderate means.

We have our plans made so that the expense of the administration shall be as small as possible, and the advantage of every saving given to the patient.

Who are these people of moderate means? A difficult question to answer. A single man with an income of from \$5,000 to \$10,000 and no dependents does not come in this group. He belongs to the private ward where the return to the hospital is something more than the cost, and where he should pay a doctor's bill of reasonable size. Another man with the same income who is putting a child or children through college, or who has a number of non-earning dependents, may well be entitled to these privileges. Again, one must consider the nature and length of the illness and the source of the income. Is the income derived from salary

or invested funds? Is the patient likely to make complete recovery and regain his full earning power? Or, is he doomed to a long illness, perhaps ending in death? In the one eventhe may belong in the private ward. In the other event, in the ward which earns no return on capital invested and where the doctor's fee is limited. On the other end of the scale comes the patient whose economic status is such as to place him on the border line between the hospital for moderate means and the charitable wards. Here again he must give his confidence to the Hospital Executive Officer. Such an official must be wise, tactful, humane and close-mouthed. He must weigh here all the circumstances as he did those of the patient at the other end of the economic scale. The income and its source, the obligations and burdens of the family bread winner, the nature, duration and probable result of the illness and many factors never alike in any two cases.

I see no way to obtain justice for the other patients and the patient concerned, the physicians and the hospital except by confidential disclosure of such facts to the hospital by the patient. Any applying for treatment in the Hospital for People of Moderate Means who are unwilling to make these disclosures, must be assumed to be well-to-do but economically minded and be rejected for this hospital and assigned to the private ward.

The need for hospitals to add these intermediate wards to their present facilities is evident and it is great. Recent articles upon this need have appeared in public print. I would invite your attention to one in the current edition of the Atlantic Monthly, upon "THE HIGH COST OF ILLNESS." Read it when you go home. Some of you gentlemen may belong to this group for which I plead. When in health the normal man thinks others may be ill but not he. The provident man will take steps to provide in health what he will surely need when he is ill. The establishment of these hospitals will require large expenditures but once erected will pay the cost of maintenance. Any attempt to make them pay even a moderate return on the investment would I fear defeat the object for which they are built. I beg you to give this subject your serious consideration. First, because our democracy and our humanity call for the right solution of the problem, and, secondly, because there are sound, selfish reasons why each and everyone is concerned in the matter.

The remedy is obvious. Expand our existing hospitals in such a way that this group of people may take advantage of the great fund of scientific knowledge, the able staff of physicians, house officers, nurses, social service workers, dietitians, laboratories, and other facilities for diagnosis and treatment to be found in our great hospitals and only there. Do this in such a way as to make the cost to the patient the minimum. Recognize that each great modern hospital should care for its share of all groups of the community, the rich, the poor, and the people of moderate means.

## PUBLICATIONS BY MEMBERS OF THE STAFF

## MEDICAL DEPARTMENT

MEANS, J. H. and KRANTZ, C. I.

Effect of epinephrin on partition of food stuffs in obese and normal individuals. J. Clin. Investigation 4:225-233, June '27.

LORD, F. T.

Diagnosis and treatment of acute and chronic non-tuberculous pulmonary suppurative lesions. Boston M. & S. J., 197:333-336, Sept. 1, '27.

AUB, J. C. and BAUER, W.

Studies in inorganic salt metabolism; ward routine and methods. J. Am. Dietet. A. 3: 106-11t, Sept. '27.

BOCK, A. V. and others.

Blood as physicochemical system; composition and respiratory exchanges of normal human blood during work. J. Biol. Chem. 73:749-766, June '27

Carbon dioxide equilibrium in alveolar air and arterial blood; resting subjects. J. Biol. Chem. 74: 303–311.

Carbon dioxide equilibrium in alveolar air and arterial blood; exercising

subjects. J. Biol. Chem. 74: 313-320.

Blood as physicochemical system; composition and respiratory exchanges of human blood in terminal chronic nephritis. J. Biol. Chem. 75: 305-313, Oct. '27

WHITE, P. D.

Cardiac clinic. J. Iowa M. Soc., 17: 190-196, June '27 Treatment of heart disease other than by drugs. J. A. M. A. 89: 436-

439, Aug. 6, '27 Clinical significance of apical heart murmurs. Am. J. M. Sc. 174: 731-

738, Dec. '27

WHITE, P. D. and BURRAGE, W. S.

Digitalis in pneumonia. Am. J. M. Sc. 174: 260-264, Aug. '27; also M. Press 124: 347-349, Oct. 26, '27

WHITE, P. D. and JONES, T. D.

Heart after severe diphtheria. Am. Heart J. 3: 190-195, Dec. '27

WHITE, P. D. and MATUSOFF, I.

Heart and blood vessels in congenital syphilis. Am. J. Dis. Child. 34: 390-403, Sept. '27

WHITE, P. D. and MUDD, S. G.

Angina pectoris in young people. Am. Heart J. 3: 1-13, Oct. '27

WHITE, P. D., KURTZ, C. M. and SPRAGUE, H. B.

Congenital heart disease; interventricular spetal defects with assoicated anomalies in series of 3 cases examined postmortem, and living patient 58 years old with cyanosis and clubbing of fingers. Am. Heart J. 3: 77-90, Oct. '27

RACKEMANN, F. M.

Studies in asthma; clinical survey of 1,074 patients with asthma followed for 2 years. J. Lab. & Clin. Med. 12: 1185-1197, Sept. '27

RACKEMANN, F. M. and STEVENS, A. H.

Skin tests to extracts of echinococcus and ascaris. J. Immunol. 13: 389-394, June '27

MORRISON, H.

Ludwig Traube. Boston M. & S. J. 196: 1097-1101, June 30, '27 Study of incidence of sub-acute bacterial endocarditis at Massachusetts General Hospital. Boston M. & S. J. 197: 46-49, July 14, '27

MINOT, G. R. and MURPHY, W. P.

Diet rich in liver in treatment of pernicious anemia; study of 105 cases. J. A. M. A. 89: 759-766, Sept. 3, '27

HUNTER, F. T. and HANFLIG, S. S.

Chronic benzol poisoning; report of 4 cases. Boston M. & S. J. 197: 292-299, Aug. 25, '27

SPRAGUE, H. B. and MUDD, S. G.

Cardiovascular review for 1926. Boston M. &. S. J. 197: 922, Nov. 17, '27; 987, Nov. 24, '27; 1030, Dec. 1, '27

THOMPSON, P. K., MARSH, M. and DRINKER, K. R.

Investigation of effect upon rats of long-continued ingestion of zinc compounds, with especial reference to relation of zinc intake. Am. J. Physiol. 81: 284-306, July '27

HURXTHAL, L. M.

Clinical observations on sub-acute bacterial endocarditis. Boston M. & S. J. 197: 41-46, July 14, '27

#### SURGICAL DEPARTMENT

JONES, D. F.

Maurice Howe Richardson. Surg., Gynec. & Obst. 45: 394-397, Sept. '27

RICHARDSON, E. P.

Acute surgical lesions of upper obdomen. Boston M. & S. J. 197: 210-214, Aug. 11, '27

RICHARDSON, E. P., MAYO, W. J. and BREWSTER, G. W. W. Samuel Jason Mixter. Surg., Gynec. & Obst. 45: 714-716, Nov. '27

GREENOUGH, R. B.

Service at Pondville Hospital. Commonwealth 14: 51, April-June, '27; also Boston M. & S. J. 197: 560-561, Oct. 6, '27 Radiological treatment of cancer. Cancer Control, pp. 108-115, '27

DAVIS, LINCOLN

Late recurrence of peptic ulcer after gastroenterostomy. Surg., Gynec. & Obst. 45: 294-299, Sept. '27

WHITTEMORE, W

Treatment of such cases of chronic suppurative bronchiectasis as are limited to one lobe of lung. Ann. Surg. 86: 219-226, Aug. '27

ALLEN, A. W.

End result studies on circulatory diseases of extremities treated by periarterial sympathectomy. Boston M. & S. J. 197: 304-307, Aug. 25, 27

YOUNG, E. L., Jr.

Leukoplakia of bladder. J. Urol. 18: 407-412, Oct. '27 Colloid carcinoma of bladder. Boston M. & S. J. 197: 1079-1082, Dec. 8, '27

COUES, W. P.

Forgotten Salisbury surgeon: Edward Goldwyre, 1706-1774. Boston M. & S. J. 197: 309-311, Aug. 25, '27

DALAND, E. M.

Cancer of breast. Boston M. & S. J. 197: 57-60, July 14, '17

MEIGS, J. V.

Benign uterine bleeding; preliminary report. Am. J. Obst. & Gynec. 14: 225-231, Aug. '27

WHITE, J. C. and HURXTHAL, L. M.

Therapeutic uses of carbon dioxide; summary of its present uses in medicine and surgery. Boston M. & S. J. 197: 1117-1121, Dec. 15, '27

SHELDON, R. F.

Control of hiccup by inhalation of carbon dioxide; report of cases. J. A. M. A. 89: 1118-1121, Oct. 1, '27

#### LARYNGOLOGICAL DEPARTMENT

MOSHER, H. P.

Findings with barium bougie in cardiospasm. Ann. Otol. Rhin. & Laryng. 36: 1124-1134, Dec. '27

GREENE, D. C.

Address of president (American Bronchoscopic Society). Ann. Otol. Rhin. & Laryng. 36: 1122-1124, Dec. '27

BARNES, H. A.

Malignant tumors of nasal sinuses; further report on results of wide open operation followed by immediate radiation. Arch. Otolaryng, 6: 123-138, Aug. '27

SMYTH, D. C.

Paranasal cavities; review of literature of 1925-1926. Arch. Otolaryng. 6: 249-276, Sept. '27

SMYTH, D. C. and SCHALL, L. A.

Pneumography by lipiodol: its present uses and limitations. Boston M. & S. J. 197: 891-915, Nov. 17, '27; also Ann. Otol. Rhin. & Laryng. 36: 1134-1156, Dec. '27

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## ORTHOPEDIC DEPARTMENT

ALLISON, N.

Backache; from standpoint of orthopedist. Bull. New York Acad. Med. 3: 224-231, April '2

Fractures about elbow. J. A. M. A. 89: 1568-1573, Nov. 5, '27

ROGERS, M. H.

Teaching orthopaedic surgery to undergraduates. J. Bone and Joint Surg.

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Formation of "rice bodies" in tuberculosis. J. Bone & Joint Surg. 9:

636-638, Oct. '27 BROWN, L. T., and others. Thirty-third report of progress in orthopedic surgery. Arch. Surg. 15:

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Note on absence and marked diminution of hydrochloric acid of gastric contents in cancer involving organs other than stomach. M. J. and Rec. 126: 491–493, Oct. 19, '27 WILSON, P. D.

Treatment of fractures of os calcis by arthrodesis of subastragalar oint; report on 26 cases. J. A. M. A. 89: 1676-1683, Nov. 12, '27

GHORMLEY, R. K.

Progress of orthopedic surgery. Boston M. & S. J. 196: 1049-1056, June 23, '27 SWAIM, L. T. and SPEAR, L. M.

Studies of basal metabolism in chronic arthritis. Boston M. & S. J. 197: 350-357, Sept. 1, '27 JEPSON, P. N.

Orthopedic care of several different forms of chronic arthritis. Boston M. & S. J. 197: 1124-1127, Dec. 15, '27

### UROLOGICAL DEPARTMENT

BARNEY, J. D.

Twentieth year of New England Branch of American Urological Association. Boston M. & S. J. 197: 817-818, Nov. 10, '27 SMITH, G. G.

Case of total cystectomy for cancer. Boston M. & S. J. 196: 1031-1033,

June 23, '27 Circulation as factor in prostatic surgery. J. A. M. A. 89: 925-928,

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Diagnosis of renal and ureteral lesions from viewpoint of genitourinary surgeon. Boston M. & S. J. 197: 597-611, Oct. 13, '27 CRABTREE, E. G.

Stricture formation in ureter following pyelonephritis of pregnancy.

Urol. 18: 575-585, Nov. '27 COLBY, F. H

Exstrophy of bladder; report of case. Boston M. & S. J. 196: 1033-1036, June 23, '27

## DERMATOTOGICAL DEPARTMENT

GREENWOOD, A. M.

Study of the skin in 500 cases of diabetes. J. A. M. A. 89: 774-776, Sept. 3, '27

## NEUROLOGICAL DEPARTMENT

FREMONT-SMITH, F. and FORBES, H. S.

Intra-ocular and intracranial pressure; experimental study. Arch. Neurol. & Psychiat. 18:550-564, Oct. '27

## CHILDREN'S MEDICAL DEPARTMENT

TALBOT, F. B.

Treatment of epilepsy of childhood by ketogenic diet. Rhode Island M. J. 10: 159–162, Nov. '27 GARLAND, J.

Choice of treatment in congenital pyloric stenosis. Boston M. & S. J.

196: 951-953, June 9, '27 HAMILTON, B. and BLACKFAN, K. D.

Study of inorganic constituents of serum in children with acute nephritis. Bull. Johns Hopkins Hosp. 41: 322-328, Dec. '27

HAMILTON, B. and GAMBLE, J. L.

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O'KEEFE, E. S.

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## SYPHILIS DEPARTMENT

LLOYD, H. D.

Some unusual cases of leutic menginitis. Boston M. & S. J. 197: 510-514, Sept. 29, '27

## DEPARTMENT OF TROPICAL MEDICINE

SELLARDS, A. W.

Relation between Weil's disease and yellow fever. Ann. Trop. Med. 21:

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SELLARDS, A. W. and GAY, D. M.
Fate of Leptospira icteroides and Leptospira icterohaemorrhagiae in mosquito, Aedes aegypti. Ann. Trop. Med. 21: 321-342, Oct. '27 SELLARDS, A. W. and THEILER, M

Pfeiffer reaction and protection tests in leptospiral jaundice (Weil's disease) with Leptospira icterohaemorrhagiae and Leptospira icteroides. Am. J. Trop. Med. 7: 369-381, Nov. '27

## SPECIAL DEPARTMENTS

WALKER, D. H.

Resumé of report of Bureau of Standards upon aids to hearing. Laryngoscope 37: 653-660, Sept. '27 MOSHER, H. P.

Findings with barium bougie in cardiospasm. Ann. Otol. Rhin. & Laryng. 36: 1124-1134, Dec. '27 WHITE, L. E.

Disturbance of optic nerve caused by malignant disease of sphenoid; report of 2 cases. Arch. Otolaryng. 6: 361-365, Oct. '27 DERBY, G. S. and CARVILL, M.

Anterior ocular tuberculosis; group of cases followed over period of ears. Arch. Ophth. 56: 523-537, Nov. '27 years. Arch. Ophth. 56: 523-537, Nov. 27 VERHOEFF, F. H. and WURDEMANN, H. V.

Spontaneous separation of choroid simulating choroidal sarcoma. Am. Ophth. 10: 479-481, July '27 NĚWÉLL, F. S

Treatment of cardiac complications of pregnancy and labor. Boston M. T. J. 197: 757-764, Nov. 3, '27
IRVING, F. C.
Vaginal sterilization, with or without vaginal hysterotomy. Am. J.

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Obstetrical emergencies from clinic of Boston Lying-In Hospital. Boston M. & S. J. 197: 299-303, Aug. 25, '27

Problems in placenta praevia. Surg., Gynec. & Obst. 45: 834-839, Dec. '27 MINER, L. M. S.

Osteitis of mandible and maxilla. J. Am. Dent. A. 14: 1703-1705,

## PATHOLOGICAL DEPARTMENT

FOLIN, O. and CIOCALTEU, V.

Tyrosine and tryptophane determinations in proteins. J. Biol. Chem. 73: 627-650, June 27 FOLIN, O., TRIMBLE, H. C. and NEWMAN, L. H.

Distribution and recovery of glucose injected into animals. J. Biol. Chem. 75: 263-281, Oct. '27

## ROENTGENOLOGICAL DEPARTMENT

HOLMES, G. W. and HYDE, T. L.

Roentgenological aspects of primary tumors of lung. Am. J. Roentgenol.

18: 235-243, Sept. '27
HOLMES, G. W. and KING, J. M., Jr.
Diagnosis and treatment of 450 painful shoulders. J. A. M. A. 89: 1956-1961, Dec. 3, '27 HOLMES, G. W. and SYCAMORE, L. K.

Endothelial myeloma (Ewing's tumor). Am. J. Roentgenol. 18: 223-230, Sept. '27



## MASSACHUSETTS GENERAL HOSPITAL SHOWING PROPOSED NEW BUILDINGS AND IMPROVEMENTS

## No. 1 Bulfinch Building

Fireproofing and Additions. The improvements in the Bulfinch Building are now complete. It is fireproof and 106 surgical patients, 94 medical patients and 40 children, a total of 240 patients, are adequately housed with all necessary modern facilities.

## No. 2 Hospital for People of Moderate Means

This new branch of the hospital will be a great boon to people of moderate means in the community in their search for better health and better care in time of sickness. The resources of this great institution will be made available for those who can pay a moderate amount for professional services and maintenance during illness. They will not be recipients of charity.

A bequest of \$1,000,000 by the late Mrs. Mary Rich Richardson in memory of her father and mother, Richard Baker, Jr. and Ellen Mariah Baker, is for the construction and equipment of this hospital. In order to meet the purposes of this bequest there is need of a further sum for construction, and endowment for income to help meet the operating expenses.

It is proposed to erect a building to house at the outset about 150 patients and the nurses needed for their care. As the demand increases, and it surely will increase, it is planned to

build a Home for the care of the nurses. This will enable us to replace nurses by patients in the hospital building so that it will eventually house about 300 patients.

## No. 3 Addition to Out-Patient Building

Because of the pressure of patients 203,809 visits last year, the necessity of space for the development of modern methods and the great need of a ready interchange of services between the Out-Patient Department of this hospital and the Eye and Ear Infirmary have acquired a building connecting the two institutions, as shown in the illustration.

## No. 4 New Ward Building

Although the community has grown rapidly, the hospital has added only a few beds in many years. The pressure upon it for admission of patients is great. As soon as the money has been subscribed it is proposed to erect a new ward building which will increase the capacity of the hospital by 150 beds.

## No. 5 X-ray Building

The modern X-ray and Radium Department calls for much space and expensive equipment. Present facilities are wholly inadequate. Last year 24,219 cases were examined and treated in this department. This new building will provide the much needed improvements.



VOL. 1, NO. 2 OCTOBER 1928

## HOSPITAL NOTES

The Hospital, this summer, has been engaged in a number of improvements and making various repairs. The surgical wards in the Bulfinch Building have been painted. In the surgical building all the old indirect heating apparatus has been removed and radiators installed for direct heating. This has necessitated replacing certain windows so that they can be opened. The sterilizing room has been completely renovated, nearly all the apparatus renewed and the walls and ceilings tiled. The old skylights in the operating room have been removed. In the Phillips House the verandas are being waterproofed and a new surface red quarry tile placed upon them. On the 7th floor a new isolation room and bath have been made.

The opening up of a new connecting building between the Eye and Ear Infirmary and the Out-Patient Department has led to closer co-operation between the physicians of these two hospitals. It is now often possible in the course of a single morning for a patient to have a general examination as well as a special examination of the eye or ear. There has also been an increase in the number of consultations between the services in the House as well as in the Out-Patient Department.

"The Social Worker in the Hospital Ward," published by Houghton Mifflin will be found in Treadwell Library. It is a compilation of medical social case histories by Elsie Wulkop, for several years with House Social Service.

The book comprised thirty-seven cases; 8 cardiac, 11 tuberculous, 8 malignant and 10 miscellaneous diagnoses, of patients who have received medical and social treatment in our hospital wards. The book was designed to make clear the function and processes of medical-social service and to provoke thought on problems brought to light through social investigation. Dr. Richard Cabot's comments at the end of each case presentation are of special interest.

In the Out-Patient Department re-arrangements of the admitting rooms has facilitated the speed with which new patients are admitted. Transportation from one floor to another has also been improved by the installation of large, fast elevators. The automatic carrier system for the sending of records from the Record Room to the various departments and from one department to another via the Record Room has increased the speed of this service and made it possible for patients to be transferred from one department to another in the course of a few minutes, whereas by the older method sometimes an hour or more was taken up by the simple referring of a patient to another department.

The Neurological House Service has grown in proportion to the number of beds now assigned to it. Formerly two beds were allotted this service in the medical wards. With the opening of Wards 22 and 26, twenty-four beds were available, one-half of them under the care of the Neuro-Surgical Service. These beds have been kept practically constantly filled. There has been also developed a Neuro-Pathological Service, which has been of great help to the hospital. This, combined with the Spinal Fluid Laboratory and the Neurological Wards, with an examining room between them, makes an ideal unit for the teaching of neurology and neuro-surgery. There has been a growing interest in these subjects among the students of the Harvard Medical School, in the last few years, and many visitors have come to the hospital to inspect the wards and the laboratories.

## DESIDERATA TREADWELLIANA

Archives of Pediatrics. Vols. 1-4, 8, 9; vol. 10, nos. 1, 3, 5, 11; vol. 11, nos. 4, 6, 12; vol. 13, no. 12; vol. 14, no. 7; vol. 15; vol. 16, nos. 1, 9; vol. 17; vol. 18, nos. 1-10; vol. 20, nos. 2-5, 8-12; vol. 25, no. 10; vol. 27, no. 5; vol. 32, nos. 1, 2.



Editorial Office

Massachusetts General Hospital

BOSTON, MASS.

HENRY R. VIETS, M.D., Editor

Editorial Board

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## AS IT WAS IN THE BEGINNING

HE following is quoted from an address of the Trustees to the Public, made in 1822:

"The Hospital, now entirely finished with the exception of the interior of one wing, stands on a small eminence, at the most westerly part of Boston, open to the south, east, and west. The beautiful hills which surround Boston are well seen from every part of the building, and the grounds on the south are washed by the waters of the bay. These grounds will be laid out into walks and gardens, as soon as the state of the funds will permit, for the purposes of amusement and exercise to the patients; in which will be included a small kitchen garden, also for relaxation, and pleasing and healthful occupation. In the centre, are the rooms for the Superintendent, the Apothecary, attendants, and the kitchen. In the upper part of the centre is also the operating theatre. The wings are divided into apartments for patients; those of the males being distinct from the females. The stair cases and entries are of stone. The apartments are supplied with heat by pipes from a furnace in the cellar—They are also supplied with water, by pipes running by the side of the air flues, in order to prevent freezing in winter. The Hospital is under the immediate care of the Superintendent, and it is visited and examined by a Committee of the Trustees, every Thursday. There is also a stated meeting of the Trustees, every fortnight, in the Hospital, on the general concerns of the Institution. The Physician and Surgeon, independent of their regular duties in the Hospital, will give advice to out patients, to whom medicines will also be distributed gratuitously. The Physician, Dr. Jackson, attends for this purpose, at the Hospital, on Thursdays, at 12 o'clock, and the Surgeon, Dr. Warren, at the same hour on Tuesdays and Fridays. On the latter day, persons affected with disorders in the eyes, will particularly receive medical advice.

"The situation of the Hospital as well as the Asylum for the Insane (in Somerville) allows it to be approached by water by all the New England States which border upon the ocean.

"The Hospital offers peculiar advantages to those who require surgical operations. . . . There is a room expressly prepared for this purpose, with a light adapted to (it), and in case of accident or emergency, there are instruments, dressings, medicines and skilful attendants, all within call and reach of the operator. And also in case of pain or accident following an operation there is always a Physician in the place ready to administer relief both day and night. . . . The Trustees consider this the most favorable arrangement in the Hospital, and one upon which great value deserves to be placed.

"Though the Trustees have appropriated six beds to poor patients, they possess at this time no funds to provide for that expense, but they have thought proper to do it in a just expectation that the Hospital would be remunerated by the generosity of the public."

From the above will be seen that the Hospital has always treated out-patients from the very day of its opening, and has always had free beds. Of the "six" mentioned, three were for medical patients and three for surgical.

G. W. M.



## WARREN TRIENNIAL PRIZE MASSACHUSETTS GENERAL HOSPITAL

The Warren Triennial Prize was founded by the late Dr. J. Mason Warren in memory of his father, and his will provides that the accumulated interest of the fund shall be awarded every three years to the best dissertation, considered worthy of a premium, on some subject in Physiology, Surgery, or Pathological Anatomy, the arbitrators being the General Executive Committee of the Massachusetts General Hospital.

Theses submitted for competition for the year 1928 shall be on some special subject in Physiology, Surgery, or Pathology.

Dissertations must be in either the English, French, or German language, and MUST BE TYPEWRITTEN AND SUITABLY BOUND, so as to be easily handled. Work that has been published previously will not be considered in competition. The name of the writer must be enclosed in a sealed envelope, on which must be written a motto corresponding with one on the accompanying dissertation. The names of collaborators should appear with that of the writer in the sealed envelope.

Any clew given by the paper, or any action on the part of the writer which reveals his name before the award of the prize, will disqualify him from receiving it.

The amount of the prize for the year 1928 will be \$500.

In case no dissertation is considered sufficiently meritorious, no award will be made. Essays will be received until November 15, 1928.

A high value will be placed on original work.



The New Out-Patient Admitting Room

## STAFF CHANGES

Jan. 6, 1928-DR. N. W. N. BENNETT appointed Assistant in Dermatological Dep't. DR. ETHEL M. ROCKWOOD appointed Assistant in Dermatological

Mar. 16, 1928-

ELIZABETH R. HARRISON appointed Resident Physician on Children's Medical Service.

June 8, 1928-

DR. ALEXANDER MARBLE appointed Resident Physician.

DR. GEORGE E. NESCHE appointed Resident Physician.

DR. ROBERT S. PALMER appointed Assistant in Medicine.

DR. THOMAS V. O. URMY appointed Resident Physician.

June 20, 1928-

DR. GEORGE A. LELAND, JR. appointed chairman of Record Committee.

June 22, 1928-

ALI

DR. WILLIAM J. GARDNER appointed Resident Physician.

## STAFF APPOINTMENTS

### MEDICAL HOUSE OFFICERS

CHARLES BOLLER	Jan.	1,	1928
THOMAS B. COOLIDGE	Jan.	1,	1928
JOHN H. JAY	Apr.	1,	1928
FRANK C. d'ELSEAUX	Apr.	1,	1928

## SURGICAL HOUSE OFFICERS

ALBERT J. WARD		Jan.	1,	1928
RICHARD H. WALLACE		Jan.	1,	1928
JAMES E. FISH		Apr.	1,	1928
W. J. PAUL DYE		Apr.	1,	1928
CHILDREN'S MEDICAL	HOUSE	OFFICERS	6	

LLIAW A. KLILLI	Jam	1.9	1/20
ICE OUTHOUSE	Apr.	1,	1928

## ORTHOPEDIC HOUSE OFFICERS

EDWIN F. CAVE	Jan.	1,	1928
SUMNER M. ROBERTS	Mar.	1,	1928
EDWARD K. CRAVENER	May	1,	1928

#### PATHOLOGICAL HOUSE OFFICERS

ROBERT J. JOPLIN	Mar.	1,	1928
WILLIAM HAMMOND	Apr.	1,	1928

## NEUROLOGICAL HOUSE OFFICERS

JOHN E. MORAN Jan. 1, 1928

## RESEARCH FELLOWS

Jan. 6, 1928 DR. ROBERT S. PALMER Jan. 20, 1928 DR. VIOLET DELASLO Feb. 17, 1928 DR. EMIL BOGAN

## DALTON SCHOLARS

DR. T. DUCKETT JONES DR. A. W. MAKEPEACE DR. WILLIAM HERMAN

## RESIGNATIONS FROM THE STAFF

DR. FRANCIS H. McCRUDDEN, Physician to Out-Patients. Jan. 20, 1928-

DR. SHEO NAN CHEER, Research Fellow.

Mar. 16, 1928—
DR. ASBJORN FOLLING, Research Fellow.

DR. ELIOT H. LUTHER, Dalton Scholar. June 8, 1928-

DR. HARRY LINENTHAL, Physician to Out-Patients.

DR. PAUL H. MEANS, Assistant in Medicine.

DR. JAMES M. FAULKNER, Assistant in Medicine. June 20, 1928

DR. ROBERT B. GREENOUGH as Chairman of the Record Committee.

## STAFF AND ALUMNI NECROLOGY

- DR. JAMES HOMER WRIGHT, Died Jan. 3, 1928; Pathologist and Director of the Clinical Laboratory, 1896-1926; Consulting Pathologist, 1926-1928.
- DR. HAROLD BURNEY EATON, Died Jan. 18, 1928; Assistant Neurologist, 1919-1928.
- DR. HOWARD AUGUSTUS LOTHROP, Died June 4, 1928; East Surgical, 1892.
- DR. MYLES STANDISH, Died June 28, 1928; Assistant to Ophthalmological Dept., 1884-1888.

## PUBLICATIONS BY MEMBERS OF THE STAFF

## MEDICAL DEPARTMENT

AUB, J. C., BAUER, W., and others.

Relation of thyroid gland to calcium metabolism. Tr. A. Am. Physicians 42: 344, '27.

WHITE, P. D.

Clinical significance of gallop rhythm. Arch. Int. Med. 41:1-9, Ian. '28.

Graham Steell murmur; report of case. J. A. M. A. 90:603-604, Feb. 25, '28.

WHITE, P. D. and JONES, T. D.

Heart disease and disorders in New England. Am. Heart J. 3: 302-318, Feb. '28.

WHITE, P. D. and MUDD, S. G.

Ausculatory gap in sphygmomanometry. Tr. A. Am. Physicians 42: 263-270, '27; also, Arch. Int. Med. 41: 249-256, Feb. '28.

MINOT, G. R.

Familial hemorrhagic condition associated with prolongation of bleeding time. Am. I. M. Sc. 175: 301-306, March '28.

MINOT, G. R., MURPHY, W. P., and others.

Feeding of whole liver or effective fraction in pernicious anemia; response of reticulocytes. Tr. A. Am. Physicians 42: 81-86, '27.

RACKEMANN, F. M.

Asthma relieved for over 2 years; analysis of 203 cases. Tr. A. Am. Physicians 42: 341-343, '27.

Studies in asthma; analysis of 213 cases in which patients were relieved for more than 2 years. Arch. Int. Med. 41: 346-369, March

BRYANT, JOHN

Convalescence and Boston. Boston M. & S. J. 197: 1215-1218, Dec. 29, '27.

#### SURGICAL DEPARTMENT

JONES, D. F.

Diagnosis of carcinoma of colon and rectum. J. Maine M.A. 19: 1-8, Jan. '28.

Co-operation between family physician and consultant. Boston M. & S. J. 197: 1272-1276, Jan. 5, '28.

GREENOUGH, R. B.

Progress and prospect in treatment of cancer. Surg., Gynec., Obst. 46: 159-160, Jan. '28.

MIXTER, W. J. and GRANT, F. C.

Relief of pain in carcinoma of face. Ann. Surg. 87: 179-185, Feb.

WHITTEMORE, W.

Surgery of pulmonary tuberculosis. Boston M. & S. J. 197: 1395-1398, Jan. 26, '28. WHITTEMORE, W. and BALBONI, G. M.

Nontuberculous bronchopulmonary suppurative lesions; results of treatment by artificial pneumothorax. Arch. Surg. 16: 228-278, Jan. (pt. 2) '28.

BENEDICT, E. B., PUTNAM, T. J., and TEEL, H. M.

Preparation of sterile, active extract from anterior lobe of hypophysis, with some notes on its effects. Am. J. Physiol. 84; 157-164, Feb. '28.

## ORTHOPEDIC DEPARTMENT

WILSON, P. D. and others.

Thirty-fourth report of progress in orthopedic surgery. Arch. Surg. 16: 153, Jan. (pt. 1); 615, Feb. '28.

GHORMLEY, R. K.

Progress in orthopedic surgery (1927). New England J. Med. 198: 141-144, March 8, '28.

GHORMLEY, R. K. and OBER, F. R.

Scoliosis, J. A. M. A. 90: 361-364, Feb. 4, '28. ROGERS, W. A.

End results and follow-up in orthopaedic surgery. J. Bone & Joint Surg. 10: 104-107, Jan. '28. JEPSON, P. N.

Structural abnormalities of foot; methods of treatment. Boston M. & S. J. 197: 1353-1355, Jan. 19, '28.

Auxiliary ambulatory device. Boston M. & S. J. 197: 1364, Jan.

#### DERMATOLOGICAL DEPARTMENT

BLAISDELL, J. H.

Epidermophytosis as industrial disease. Urol. & Cutan. Rev. 31: 414, July '27.

### NEUROLOGICAL DEPARTMENT

McDONALD, C. A. and TAYLOR, E. W.

Forced conjugate upward movement of eyes following epidemic encephalitis. Arch. Neurol. & Psychiat. 19: 95-103, Jan.

FREMONT-SMITH, F., FORBES, H. S., and WOLFF, H. G.

Resorption of cerebrospinal fluid through choroid plexus. Neurol. & Psychiat. 19: 73-77, Jan. '28. Arch.

## CHILDREN'S MEDICAL DEPARTMENT

GARLAND, JOSEPH

Physician of yesterday. Boston M. & S. J. 197: 1261-1265, Jan. 5, 28.

Boston Medical and Surgical Journal, 1828-1928. New England J. Med. 198: 1-13, Feb. 23, '28.

LUTHER, E. H.

Early diagnosis and nonparalytic anterior poliomyelitis. Boston M. & S. J. 197: 1175-1177. Dec. 22, '27.

### ROENTGENOLOGICAL DEPARTMENT

HOLMES, G. W. and DRESSER, R.

Use of amyl nitrite as antispasmodic in roentgen examination of gastro-intestinal tract. Am. J. Roentgenol. 19: 44-47, Jan. '28.

#### CONSULTANTS

SHATTUCK, G. C.

Present status of tropical medicine in United States; presidential address. Am. J. Trop. Med. 8: 3-8, Jan. '28.

IRVING, F. C., HUNTINGTON, J. L., and KELLOGG, F. S. Abdominal reposition in acute inversion of puerperal uterus. J. Obst. & Gynec. 15: 34-40, Jan. '28.



## APPOINTMENTS OF STAFF OF BETH ISRAEL HOSPITAL

THE following men who are now and have been members of the Massachusetts General Hospital Staff, have been appointed on the Staff of the new Beth Israel Hospital:

DAVID BLOOM, M.D. GEORGE W. W. BREWSTER, M.D. HARRY P. CAHILL, M.D. ABRAHAM COLMES, M.D. E. GRANVILLE CRABTREE, M.D. GEORGE S. DERBY, M.D. DANIEL F. JONES, M.D. VARAZTAD H. KAZANJIAN, M.D. ARMIN KLEIN, M.D. HARRY LINENTHAL, M.D. JAMES H. MEANS, M.D. PHILIP E. MELTZER, M.D. LEROY M. S. MINER, M.D. GEORGE R. MINOT, M.D. SAMUEL C. MINTZ, M.D. WILLIAM J. MIXTER, M.D.

HYMAN MORRISON, M.D. Franklin S. Newell, M.D. E. LAWRENCE OLIVER, M.D. EDWIN H. PLACE, M.D. GEORGE C. PRATHER, M.D. ELI CHARLES ROMBERG, M.D. MARK H. ROGERS, M.D. SOLOMON H. RUBIN, M.D. Louis Silver, M.D. HARRY C. SOLOMON, M.D. HORACE K. SOWLES, M.D. Myron A. Strammer, M.D. JACOB H. SWARTZ, M.D. EDWARD W. TAYLOR, M.D. D. HAROLD WALKER, M.D. Louis Wolff, M.D.

The following men who have been House Officers at the Massachusetts General Hospital, have accepted positions on the Staff of the new Beth Israel Hospital:

HENRY A. CHRISTIAN, M.D. ARTHUR L. CHUTE, M.D. Frederick J. Cotton, M.D. ARTHUR G. CROSBIE, M.D. JACOB FINE, M.D.

FLLIOTT P. JOSLIN, M.D. ROGER I. LEE, M.D. ROBERT B. OSGOOD, M.D. CHARLES F. PAINTER, M.D. RICHARD M. SMITH, M.D.



VOL. 1, NO. 3 & 4 DECEMBER 1928

## **HOSPITAL NOTES**

The American College of Surgeons met in Boston the week of October 8th. The hospital was one of the centers of activity. Clinics, demonstrations and lectures occurred every day during the Convention. The celebration of Ether Day was advanced to October 12th so that it would fall during this Convention. The stated address was given by Graham Lusk, A.M., Ph.D., Scd., LL.D., F.R.S., Edinburgh, Professor of Physiology at the Cornell University Medical College, New York. A bust of Dr. William T. G. Morton was presented to the Hospital by the Associated Anesthetists of the United States and Canada. The address of presentation was made by Dr. F. H. McMechan, Editor-Secretary General.

The Fracture Service of the Massachusetts General Hospital gave a course of instruction on the treatment of fractures from October first to October sixth, 1928. This Course was attended by one hundred and thirty-four doctors from thirty-one States of the Union; one from the Argentine. The exercises were given in the lower out-patient amphitheatre from 9 A.M. to 12 noon; from 2 to 5 and from 8 to 10 in the evening. An attempt was made to cover the entire range of fracture treatment; illustrated talks by members of the Fracture Service with lantern slides; end-result statistics, and end-results as shown in patients, and discussion after each exercise period.

The exercises held in the evening covered the anatomy of the various regions as applied to fractures and certain general discussions of subjects in medicine and surgery which are important in the treatment of fractures. On one of the afternoons, the basement of Ward D was used for a practical demonstration of the methods of fracture treatment, the proper making of plaster-of-Paris bandages, and the proper application of plaster-of-Paris; beds were set up in which orderlies were used as patients, and the various methods of suspension and traction were demonstrated.

The enthusiasm of those taking the Course was quite remarkable. Every exercise was attended by each member of the Course. The enthusiasm of those giving the Course was

equally great. On the whole, the week of instruction passed off without a hitch, to the great satisfaction of the Fracture Service and those who participated in the Course as students. A complimentary dinner was given to the students in the Course at the Harvard Club on Saturday night, October sixth.

Shortly after the advertisements of the Course were placed in the Journals, it became evident to the members of the Fracture Service that there was great demand for this type of teaching. Originally, it was decided to have the Course limited to one hundred students; this was extended, because of urgent pressure upon the part of students to be allowed to take the Course, to one hundred and twenty-five, and finally reached the number of one hundred and thirty-four. Many applicants were not accepted who might have been included had we larger facilities.

The Fracture Service of the Massachusetts General Hospital has decided to repeat this Course in the first week of October, 1929.

The board rate in the open ward has been increased from \$22 to \$23 per week, and on July 1, 1929 it will be increased to \$24 per week. This was made necessary by the ruling of the Industrial Accident Board that they would pay hospital rates for Workmen's Compensation cases to this amount provided the same rate was charged to other ward patients.

Additional space has been cleared for automobiles in the parking yard. A part of this area will be reserved for the Staff and it is planned to use a sticker to be placed in the lower right-hand corner of the windshield, for purposes of identification. These stickers are being mailed to the members of the Staff.

Work has been begun on new lines of supply of steam, water, light, and electricity to the Thayer Building and the Allen Street house. The present lines go through the basement of Ward D, one of the wards to be demolished for the building of the new hospital.



Editorial Office

Massachusetts General Hospital BOSTON, MASS.

HENRY R. VIETS, M.D., Editor

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## "EAST" AND "WEST"

How many times this question is asked: "Why are the East Surgical wards at the west end of the Bulfinch Building, and why are the West Medical wards at the east end? Here is the answer.

When the Hospital was first opened and the Bulfinch Building,—its complete plant,—was about three-fifths its present size, there were medical wards and surgical wards at each end; hence came the terms East and West Medical, and East and West Surgical. Each service had a male and a female ward. It is probable that all the rooms in the Building were numbered, running from 1 to 27. Some wards contained two or three rooms, and each room was numbered; this accounts for the disappearance altogether of certain numerals, a few of which have now been reclaimed for new wards in the Building. After the additions were made to the two wings in 1846, four new wards were opened and numbered 28, 29, 30 and 31, and this statement is found: that East Medical wards were 7 and 30, and East Surgical 16 and 31; West Medical were 23 and 27, and West Surgical 28 and 29.

In 1867 the Bigelow Amphitheatre, the building now largely occupied by the Roentgenological Department, was erected and many changes in the arrangement of wards became necessary in order that all surgical patients might be brought into close proximity to the operating room. Previous to this, all operative work was done in the old amphitheatre in the dome of the Bulfinch Building. So East Surgical patients were transferred to the west end of the building, and West Medical patients to the east end. The names of the two Services, however, were retained, but the numbers of respective wards were necessarily changed with the one exception of Ward 7, which has probably been East Medical from the very beginning.

G. W. M.

## HOSPITAL NOTES

We regret to announce the death of Mr. Robert H. Stevenson on May 7, 1928, a member of the Corporation and Trustee from 1874 to 1880.



A special clinic for the study of peripheral circulatory diseases has been established in the Out-Patient Department under the direction of Dr. Arthur Allen, Dr. Leland S. Mc-Kittrick, Dr. R. H. Smithwick and Dr. Henry H. Faxon. The members of this clinic expect to see all cases in the wards of the hospital as well as those referred to them in the Out-Patient Department. They will visit all House cases falling under this assignment at regular weekly intervals, for the time being at eight o'clock Thursday mornings, starting in Ward F. The clinic will see all cases of arterial obliteration, vasomotor disturbance, diabetic sepsis and gangrene, varicose veins and peripheral emboli.



Plans and specifications for the Hospital for People of Moderate Means have been accepted and bids have been extended for its construction. The building will occupy a central position in the hospital made by the removal of Wards C and D. The building will contain 302 beds, having 144 single rooms, 24 rooms for two patients, 23 rooms for four patients and a single ward with 18 beds. Each ward bed will be partitioned off from its neighbor. There will be rooms for maternity patients. The new building also will have its own kitchen and a dining room in the basement, offices and an X-ray department on the first floor, and the other nine floors will be given over to patients' rooms, a clinical laboratory and operating rooms.

It is difficult to state what is meant by "a person of moderate means." The Hospital believes that a man who will not take charity and who has insufficient income to pay the full cost of a private room and medical attention in our best hospitals is such a person. No exact figure of his income can be stated. Five thousand dollars a year is much more for a single man without dependents than for the father of a growing family. All statistics show that the class of persons having incomes small enough to be within the group and large enough not to be called poor includes a very large part of the population.

Since the new hospital has been given, no return on its cost need be figured. Since the doctors will co-operate and will be able to save time by centralizing their work, the medical fees can be moderate. It is hoped that charges for beds, including good nursing, will be from \$4.00 to \$6.00 a day, according to the location of the bed. The cost of the building is estimated at \$1,800,000. A legacy left for this purpose by Mary Rich Richardson, in memory of her father and mother, Richard Baker, Jr., and Ellen Maria Baker, of \$1,000,000 has been added to by private subscription so that the building can be erected.



Coolidge, Shepley, Bulfinch & Abbott, Architects

HOSPITAL FOR PEOPLE OF MODERATE MEANS Massachusetts General Hospital

## STAFF AND ALUMNI NECROLOGY

WILLIAM COGSWELL, Died September 26, 1928; South Surgical, 1896.

## RESIGNATIONS FROM THE STAFF

DR. JOSEPH C. AUB, Associate Physician, resigned September 1st to take an appointment as Physician at the Huntington Hospital. He is also a member of the Cancer Commission. Dr. Aub is Association Professor of Medicine at the Harvard Medical School.

DR. HYMAN MORRISON, Physician to Out Patients, resigned September 1st. He is now Visiting Physician at the Beth Israel Hospital.

DR. GEORGE P. REYNOLDS, Assistant in Medicine, resigned August 3rd to take an appointment as Junior Visiting Physician at the Boston City Hospital.

DR. EDWARD D. CHURCHILL, Assistant Visiting Surgeon, resigned September 26th, and is now Associate Surgeon and Director of Surgical Research at the Boston City Hospital.

DR. VIOLET DELASLO has resigned as a Research Fellow DR. RAY F. FARQUHARSON has resigned as Research Fellow.

DR. J. HARPER BLAISDELL, Assistant Dermatologist, resigned August 3rd.

DR. E. GRANVILLE CRABTREE, Associate Urologist, resigned August 3rd and is now Urologist at the Beth Israel Hospital.

DR. GEORGE C. PRATHER, Assistant Urologist, resigned October 11th. and is now Assistant Urologist at the Beth Israel Hospital.

DR. SAMUEL C. MINTZ, Assistant Urologist, resigned September 1st.

## STAFF APPOINTMENTS

DR. CHANNING S. SWAN, Assistant Urologist, August 3rd. DR. CLARENCE McPEAK, Resident Roentgenologist, September 1st.

DR. LESLIE K. SYCAMORE, Assistant Resident Roentgenologist, September 1st.

DR. WILLIAM J. HERMAN, Dalton Scholar, year 1928-1929.

DR. A. W. MAKEPEACE, Dalton Scholar, year 1928-1929.

DR. WILLIAM L. McCLURE, appointed on Thoracic Clinic, August 29th.

#### MEDICAL HOUSE OFFICERS

WILLIAM R. JORDAN	July	1,	1928
ALLEN G. BRAILEY	July	1,	1928
JOHN E. HOWARD	Sept.	1,	1928
MYLES P. BAKER	Sept.	1,	1928

## SUDCICAL HOUSE OFFICEDS

	SUNGICAL	HOUSE	OFFICERS			
RALPH F. TI	RAVER			July	1,	1928
IRA M. DIXS	ON			July	1,	1928
OLIVER COP	E			Sept.	1.	1928

## CHILDREN'S MEDICAL HOUSE OFFICERS

HENRY L. GEORGE July 1, 1928

	ORTHOLEDIC	HOUSE	OFFICERS			
JOSEPH B.	FOSTER			July	1,	1928
MAURICE F	PIKE			Sept.	1,	1928

## PUBLICATIONS BY MEMBERS OF THE STAFF

## MEDICAL DEPARTMENT

MEANS, J. H.

Exophthalmic goiter. Proc. Inter-State Post-Grad. M. Assemb., North America (1927) 3: 245-250, '28.

Relation of endocrine glands to certain circulatory diseases. Proc. Inter-State Post-Grad. M. Assemb., North America (1927) 3: 374-376. 28.

WHITE, P. D. and KURTZ, C. M.

Percussion of heart borders and roentgen ray shadow of heart; study of 100 cases. Am. J. M. Sc. 176: 181-195, Aug. '28.

MINOT, G. R.

Familial hemorrhagic condition associated with prolongation of bleeding time. M. Press 126: 56-59, July 18, '28.

MINOT, G. R., MURPHY, W. P. and COHN, E. J.

Le traitement de l'anemie pernicieuse par un regime riche en foie ou par un extrait de foie. Ann. de med. 23: 319-327, April '28.

RACKEMANN, F. M. and SCULLY, M. A.

Studies in asthma; use of vaccines in asthma and in "colds". Neu England J. Med. 199: 314-319, Aug. 16, '28.

ADAMS, F. D.

Some clinical observations on lobar pneumonia. New England J. Med. 199: 402-409, Aug. 30, '28.

CLIFFORD, R.

Interpretation of apical rales in pulmonary tuberculosis. New England J. Med. 198: 948-951, June 21, '28.

Aneurysmal phthis's, with report of case. New England J. Med. 198: 674-676, May 17, '28.

MORRISON, H.

Familial incidence of exophthalmic goiter. New England J. Med. 199: 85-86, July 12, '28.

RICHARDSON, W. and KI.UMPP, T. G.

Sprue; report of case treated with authorized liver extract effective in pernicious anemia. New England J. Med. 199: 215-218, Aug. 2, '28. LUTHER, E. H. and AYCOCK, W. L.

Preparalytic poliomyelitis; observations in 106 cases in which convalescent serum was used. J.A.M.A. 91: 387-394, Aug. 11, '28.

THOMPSON, W. O., ALPER, J. M. and THOMPSON, P. K.

Effect of posture upon velocity of blood flow in man. J. Clin. Investigation 5: 605-609, June '28.

THOMPSON, W. O., THOMPSON, P. K., and DAILEY, M. E.

Effect of posture upon composition and volume of blood in man. J. Clin. Investigation 5: 573-604, June '28.

## SURGICAL DEPARTMENT

BALCH, F. G., BIGELOW, G. H. and GREENOUGH, R. B.

Results of Massachusetts Cancer Campaign, April 23-27, 1928. New England J. Med. 199: 430-434, Aug. 30, '28.

CHURCHILL, E. D.

Effect of increased blood flow on ratio between oxygen consumption and pulmonary ventilation. Am. J. Physiol. 86: 274-284, Sept. '28. McIVER, M. A.

Intussusception of small intestine with special reference to Meckel's diverticulum as causative factor. New England J. Med. 199: 453-456, Sept. 6, '28.

MILLER, R. H. and ROGERS, H.

Sarcoma of uterus. New England J. Med. 198: 927-931, June 21, '28.

COUES, W. P.

Sir James Y. Simpson (1811-1870), prince of obstetricians. New England J. Med. 199: 221-224, Aug. 2, '28.

DALAND, E. M.

Use and abuse of radium. New England J. Med. 198: 1005-1006, June 28, '28.

MEIGS, J. V.

Radium and its use in gynecology. New England J. Med. 199: 258-263, Aug. 9, '28.

#### DERMATOLOGICAL DEPARTMENT

SWARTZ, J. H.

Chronic paronychia. Arch. Dermat. & Syph. 18: 74-78, July, '28.

#### NEUROLOGICAL DEPARTMENT

FREMONT-SMITH, F.

Spinal fluid in meningitis. New England J. Med. 199: 264-265, Aug. 9, '28.

PECK, M. W.

Psychoanalytic theory of neuroses, illustrated by case of masochism. J. Abnorm. Psychol. 23: 182-203, July-Sept. '28.

## CHILDREN'S MEDICAL DEPARTMENT

TALBOT, F. B.

Significance of basal metabolism in children. Proc. Inter-State Post-Grad. M. Assemb., North America (1927) 3: 70-73, '28.

Fatigue: American disease. Proc. Inter-State Post-Grad. M. Assemb., North America (1927) 3: 114-118, '28.

HIGGINS, H. L.

Analysis of 612 cases of scarlet fever. Ohio State M. J. 24: 543-549, July '28.

## ORTHOPEDIC DEPARTMENT

ALLISON, N.

Infectious arthritis. Proc. Inter-State Post-Grad. M. Assemb., North America (1927) 3: 141-143, '28.

Early operation with early function in certain types of fracture. Proc. Inter-State Post-Grad. M. Assemb. North America (1927) 3: 203-205, '28.

Arthrotomy of hip. Surg. Gynec. Obst. 47: 375-383, Sept. '28. WILSON, P. D., and others.

Thirty-sixth report of progress in orthopedic surgery. Arch. Surg. 17: 521-534, Sept. '28.

#### UROLOGICAL DEPARTMENT

BARNEY, J. D.

Present status of treatment of genital tuberculosis in male. New England J. Med. 198: 442-446, April 19, '28.

Clinical aspects of uretero-vaginal fistula. J. Urol. 19: 591-598, May '28.

Conservatism in renal surgery. New England J. Med. 198: 661-670, May '28.

Early diagnosis of malignant disease of urinary tract. New England J. Med. 199: 281-283, Aug. 9, '28.

BARNEY, J. D. and COLBY, F. H.

Treatment of genital tuberculosis in male. J. Urol. 19: 657-678, June '28.

SMITH, G. G.

Malignant disease of genito-urinary tract. New England J. Med. 198: 496-499, April 26, '28.

Observations on technic of uretero-enterostomy. J. Urol. 19: 583-589, May '28.

O'NEIL, R. F.

Presidential address; 25 years after. J. Urol. 20: 147-154, Aug. '28. CRABTREE, E. G.

Suppurative pericystitis; report of 2 cases of unknown etiology. Tr. Am. A. Genito-Urin. Surgeons 20: 67-74, '27. PAPAS, P. N.

New method of relieving certain prostatic obstructions. New England J. Med. 198: 842-844, June 7, '28.

#### **CONSULTANTS**

SELLARDS, A. W. and SILER, J. F.

Occurrence of Rickettsia in mosquitoes (Aedes aegypti) infected with virus of dengue fever. Am. J. Trop. Med. 8: 299-304, July '28.

## STAFF CHANGES

DR. WALTER BAUER, Assistant in Medicine, September 14th.

DR. CHARLES H. KIMBERLY, Resident Physician on the Neurological Service, September 15th.

DR. JAMES C. WHITE, Associate in Surgery, August 3rd.

DR. EDWIN F. CAVE, Assistant on the Orthopedic Service, July 9th.

## DESIDERATA TREADWELLIANA

Journal of Laboratory and Clinical Medicine. Vol. 3, 1917-18, no. 11; vol. 11, 1925-26, nos. 7-12; vol. 12, 1926-27, nos. 5, 8-12.



VOL. II, NO. 1

APRIL 1929

## HOSPITAL NOTES

By vote of the Board of Trustees, the name of the hospital for people of moderate means is to be "The Baker Memorial."

A staff committee consisting of Dr. Allison, Dr. Miller, Dr. Breed, with Dr. Wood as secretary, has been appointed to take up the various problems of the hospital at a meeting to be held every week on Monday at 12 o'clock in the Trustees' Room.

The Treadwell Library has recently started a collection of literary classics dealing with the science and philosophy of medicine from the layman's point of view. The group includes among others: DeFoe's History of the Plague; DeQuincey's Confessions of an English Opium Eater; Balzac's Country Doctor; George Eliot's Middlemarch; Ian MacLaren's Doctor of the Old School; Kipling's Love o' Women, and the anonymous Corner of Harley Street. Gifts to this interesting collection will be welcome.

At a meeting of the General Executive Committee, held on January 16, 1929, the following Special Assignment on Fractures was approved:

## FRACTURE SERVICE

Special assignment for the year, February 1, 1929 to February 1, 1930.

DANIEL FISKE JONES, Chief of Service NATHANIEL ALLISON, Associate Chief of Service

#### PERSONNEL

### Surgical Service

ARTHUR W. ALLEN HENRY C. MARBLE ERNEST M. DALAND HORACE K. SOWLES WILLIAM L. McCLURE FRANKLIN G. BALCH, JR. G. ADAMS LELAND TORR W. HARMER EDWARD L. YOUNG, JR. A. WILLIAM REGGIO ERNEST T. SAEGER STEPHEN G. JONES

Orthopedic Service PHILIP D. WILSON M. N. SMITH-PETERSEN WILLIAM A. ROGERS EDWIN F. CAVE Dr. Henry P. Walcott resigned from the presidency of the Hospital at the annual meeting, Feb. 6, 1929. Mr. George Wigglesworth was elected to succeed him as president, and Dr. Walcott was chosen honorary president. Resolutions were adopted, to be spread on the records, carrying this tribute to the work done by Dr. Walcott: "Fortunate indeed the institute which for more than a third of a century can command the devoted interest of so distinguished a citizen."

The other officers elected were Henry S. Hunnewell, vice president; Phillips Ketchum, treasurer; Francis C. Gray, secretary; William Endicott, Nathaniel T. Kidder, John R. Macomber, Sewall M. Fessenden, Robert Homans, Dr. Algernon Coolidge, Rev. Henry K. Sherrill and Phillips Ketchum, trustees.

Miss Elsie Wulkop resigned as Supervisor of House Social Service April 1st to become Director of Children's Island Sanitarium. She was succeeded by Miss Harriett Bartlett, formerly of Out Patient Department Social Service.

Attention is called to the section on "Follow-up" by Miss O. M. Lewis in the recently published report of the Social Service Department.

Beginning January 1, 1928, a consistent follow-up on all fracture patients entering the surgical wards was established through the Fracture Service and the Social Service Department.

In a book by Dr. Harvey Cushing recently published by Little, Brown & Company, entitled, "Consecratio Medici and Other Papers," there appears the Ether Day address given at the Massachusetts General Hospital October 16, 1921. This address is considered by many to be one of Dr. Cushing's best non-medical papers. It is entitled, "The Personality of a Hospital" and takes up in considerable detail some of the early history of the M. G. H., with many interesting notes in regard to the '90's, when Dr. Cushing was a house officer. It ends with the interesting paragraph which has been so often quoted, as follows:

"Every hospital recognizes more or less clearly its set obligations; what helps or hinders most in their fulfillment are



Editorial Office

Massachusetts General Hospital BOSTON, MASS.

HENRY R. VIETS, M.D., Editor

Editorial Board

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## **HOSPITAL NOTES** (Concluded)

the crystallized traditions which give an institution its particular individuality. In the development of this quality countless people, however unconsciously, have contributed those whose charity has given comfort and peace of mind, as well as those whose professional skill has brought physical well-being to the maimed and sick; those who have brought the greatest sympathy and understanding to the problems of the young people here to learn; those who may never have come in special contact either with patients or with students but, freed from the killing routine of the clinic, have applied themselves to the forwarding of knowledge; those who have managed the business affairs of the hospital and its relations to the outside world; those, too, who have made the beds, kept the books, answered the phone, cooked the food, done the wash, stoked the fires, scrubbed the floors, and killed the rat-in the hospital Jack built."

## EARLIEST NOTES

Quite recently—within three or four years—information has come to light proving that the first steps towards the erection of a hospital in Boston, more especially for the care of the insane, were taken by a clergyman at that time, 1810, the chaplain of the Boston Almshouse on Leverett Street.

Nowhere in New England was there a hospital. The Almshouse was the only refuge in this city for the sick poor and for the insane. The conditions surrounding the latter were deplorable, for they were treated literally as if "possessed of devils," and not to be approached without some means of self-defence. The Pennsylvania Hospital, in Philadelphia, maintained a department for the care of the insane, and the Bloomingdale Hospital connected with the New York Hospital had recently been opened for the same purpose. One other, the State Hospital at Williamsburg, Virginia, completed the list for the entire country of institutions of this nature.

It happened that in November, 1807, a certain Reverend John Bartlett became chaplain of the Boston Almshouse, and he was much distressed by the conditions surrounding the mentally ill. In the early spring of 1810, a particularly grievous case of insanity was brought in, and the chaplain then determined to seek some means for providing more humane care. So he called together a group of representative citizens, including Dr. John C. Warren, Dr. James Jackson and Mr. John McLean, for whom the McLean Asylum was later named. Other meetings followed this one, and it was finally decided to start a subscription list for the establishment of a hospital for the care of the insane, and the first subscriptions were for this object; but shortly afterwards it was decided to unite with it the establishment of a hospital for the sick. \*Mr. Bartlett served as secretary at the earliest meetings, later very modestly withdrawing in favor of someone "more known" than himself.

A charter was obtained from the Legislature on February 25, 1811, incorporating fifty-six of the "most distinguished inhabitants of the various towns of the Commonwealth, by the name of the Massachusetts General Hospital." The first meeting of the Corporation was held April 23rd of the same year, and the first trustees were chosen February 2, 1813.

In 1816, the Barrell Mansion, a magnificent estate in Somerville (then Charlestown) was purchased, remodeled and, with additional buildings, fitted as a hospital for the insane. It was opened for the reception of patients in 1818. In 1817, land was bought on Allen Street, Boston, and here the Massachusetts General Hospital was erected, and in September, 1821, began its great work.

G.W.M.

\* A fine picture of Mr. Bartlett hangs in the Committee Room of the Treadwell Library.

## CLINICAL MEETINGS OF THE STAFF

JAN. 10, 1929.

The program was given by the Clinic in charge of Circulatory Diseases of the Extremities. The speakers were Drs. A. W. Allen, L. S. McKittrick, J. C. White, R. H. Smithwick and H. H. Faxon.

The following subjects were presented:

- 1. The use of non specific proteins in the treatment of peripheral arterial disease.
- 2. Surgery of the sympathetic system in the treatment of circulatory disease and of intractable pain, as carried out in Leriche's Clinic.
  - 3. The management of cases of diabetic gangrene.
  - 4. Demonstration of a case of successful arterial embolectomy.
  - 5. Injection treatment of varicose veins.

FEB. 14, 1929.

The several uses of iodine in exophthalmic goitre, Dr. J. H. Means. The effect of thyroxin in myxedema at different metabolic levels. Dr. P. K. Thompson.

Low basal metabolism without myxedema. Dr. F. M. Thurman.

Effective dose of iodine in exophthalmic goitre. Dr. A. G. Brailey and Mr. E. G. Thorp.

Surgery of the thyroid as influenced by iodine medication. Dr. E. P. Richardson.

Recurrences of thyrotoxicosis following subtotal thyroidectomy for exophthalmic goitre. Mr. A. E. Morris.

Types of response to iodine in exophthalmic goitre. Dr. W. O. Thompson.

MARCH 14, 1929.

Dr. Sidney C. Burwell, Professor of Medicine, Vanderbilt University-Alumnus, Massachusetts General Hospital.

- 1. Demonstration of Cases.
- 2. Some Types of Cardiac Failure.

## STAFF AND ALUMNI NECROLOGY

ERNEST PARKER MILLER, Died Oct. 14, 1928; West Medical, 1877. ARTHUR CARLETON JELLY, Died Nov. 19, 1928; East Medical, 1892.

## **STAFF CHANGES**

DR. LORETTA J. CUMMINS, Dermatologist, Nov. 23, 1928.

DR. ARTHUR M. GREENWOOD, Dermatologist, Nov. 23, 1928.

DR. C. GUY LANE, Dermatologist, Nov. 23, 1928.

DR. RICHARD C. TEFFT, Physician to Children's Medical Out-Patient Service, Dec. 7, 1928.

## STAFF APPOINTMENTS

DR. WALTER S. BURRAGE, Assistant in Medicine, Nov. 23, 1928.
DR. A. H. BRAVERMAN, Assistant on Neurological Service, Dec. 7, 1928.

DR. JOHN L. WATSON, Resident Surgeon on the Urological Service, Dec. 7, 1928.

CHILDREN'S MEDICAL HOUSE OFFICERS

ARNOLD M. GORDON Oct. 1, 1928

ORTHOPEDIC HOUSE OFFICERS

CHARLES B. FOWLER Nov. 1, 1928

SURGICAL HOUSE OFFICERS

SUNGICAL HOUSE OFFICERS

Oct. 1, 1928

RESEARCH FELLOW

FRANCIS M. THURMON

JOHN D. STEWART

Oct. 11, 1928

## PUBLICATIONS BY MEMBERS OF THE STAFF

## MEDICAL DEPARTMENT

BOCK, A. V. and others.

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Studies in muscular activity; "steady state" and respiratory quotient during work. J. Physiol. 66: 162-174, Oct. '28.

BOCK, A. V., DILL, D. B., and TALBOTT, J. H.

Studies in muscular activity; determination of rate of circulation of blood in man at work. J. Physiol. 66: 121-132, Oct. '28.

LAWSON, G. M. and PALMER, R. S.

Occurrence of subacute bacterial endocarditis in childhood; report of 3 cases, aged 6, 8 and 10 years respectively with note on case of streptococcus viridans septicemia in child aged 21 months without demonstrable valve lesions. New England J. Med. 199: 1205-1207, Dec. 13, '28.

LORD, F. T.

Diagnostic value of cholecystography; analysis of results in 100 operated cases at Massachusetts General Hospital. New England Iournal Med. 199: 773-774, Oct. 18, '28.

Serum treatment of Type I pneumococcus pneumonia. New England J. Med. 199: 1260-1261, Dec. 20, '28.

MEANS, J. H.

Remarks on chronic ailments of colon. J. Nat. M. A. 20: 113-116, July-Sept. '28.

MEANS, J. H. and RICHARDSON, W.

Impressions of nature of pernicious anemia in light of newer knowledge. J. A. M. A. 91: 923-925, Sept. 29, '28.

MINOT, G. R.

Treatment of pernicious anemia with liver or effective fraction of liver. Tr. Coll. Physicians 49: 144-153, '27.

PALMER, R. S. and WHITE, P. D.

Clinical significance of aberrant ventricular response to auricular premature beats and to paroxysmal auricular tachycardia. Am. Heart J. 4: 153-160, Dec. '28.

Note on continuous humming murmur heard in supra- and infraclavicular fossae and over manubrium sterni in children. New England J. Med. 199: 1297-1300, Dec. 27, '28.

RACKEMANN, F. M.

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Studies in asthma; use of vaccines in asthma and in "colds". New England I. Med. 199: 314-319, Aug. 16, '28.

THOMPSON, W. O. and THOMPSON, P. K.

Temporary and permanent myxedema following treated and untreated thyrotoxicosis. J. Clin. Investigation 6: 347-368, Dec. '28. THOMPSON, W. O., BRAILEY, A. G. and THOMPSON, P. K.

Effective range of iodine dosage in exophthalmic goiter; preliminary eport, I. A. M. A. 91: 1719, Dec. 1, '28.

report. J. A. M. A. 91: 1719, Dec. 1, '28.
THOMPSON, W. O., THOMPSON, P. K., SILVEUS, E. and DAILEY, M. E.

Protein content of cerebrospinal fluid in myxedema. J. Clin. Investigation 6: 251-255, Oct. '28.

### SURGICAL DEPARTMENT

ALLEN, ARTHUR W. and SMITHWICK, R. H.

Use of foreign protein in treatment of peripheral vascular diseases; results of intravenous injection of typhoid vaccine. J. A. M. A. 91: 1161-1168, Oct. 20, '28.

DAVIS, LINCOLN

Importance of curettage preceding supravaginal hysterectomy. J. Maine M. A. 19: 177-183, Oct. '28.

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FITCHET, S. M., SMITH, L. W. and BENJAMIN, A. C.

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Acid-base composition of pancreatic juice and bile. J. Exper. Med. 48: 849-857.

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Chronic constipation due to congenital stenosis of anal canal. New England J. Med. 199: 552-554, Sept. 20, '28.

JONES, D. F.

Relation between gall bladder disease and pancreatitis. New England J. Med. 199: 716-719, Oct. 11, '28.

McIVER, M. A. and GAMBLE, J. L.

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SIMMONS, C. C.

Adamantinoma. Ann. Surg. 88: 693-704, Oct. '28.

SOWLES, HORACE K.

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WHITE, J. C.

Recherches experimentales et cliniques sur la mecanisme de la mort dans l'occlusion intestinale aigue et sur le traitement des differents types d'occlusion. *Gaz. d. hop.* 101: 1193, Aug. 22, '28; 1225, Aug. 29, '28. WHITTEMORE, W.

Surgery of pulmonary tuberculosis. Tr. New England S. Soc. 10: 100-107, '28.

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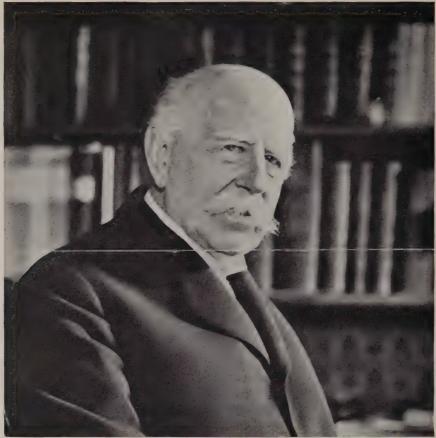
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(Courtesy of the Boston Evening Transcript)

## Dr. Henry Pickering Walcott in His Library at Cambridge

## PUBLICATIONS BY MEMBERS OF THE STAFF (Concluded)

## UROLOGICAL DEPARTMENT

CHEEVER, A. W. and SPLAINE, R. L.

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SPLAINE, R. L. and CHEEVER, A. W.

Hinton glycerol-cholesterol precipitation reaction; diagnostic criterion of syphilis. New England J. Med. 199: 971-973, Nov. 15, '28.

#### NEUROLOGICAL DEPARTMENT

PECK, MARTIN W.

Meaning of psychoanalysis. New England J. Med. 199: 814-824, Oct. 25, '28.

SOLOMON, H. C. and BERK, A.

Prolonged treatment in neurosyphilis. Am. J. Syph. 12: 445-486, Oct. '28.

## CHILDREN'S MEDICAL DEPARTMENT

TALBOT, F. B.

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### ORTHOPEDIC DEPARTMENT

ALLISON, N.

Heliotherapy in surgical tuberculosis. Tr. New England S. Soc. 10: 89-99, '28.

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Unusual fracture of femur, with knee joint ankylosis. Am. J. Surg. 5: 475-479, Nov. '28.

SWAIM, L. T.

Prevention of deformities of knee in arthritis. J. Bone & Joint Surg. 742-746, Oct. '28.

## ROENTGENOLOGICAL DEPARTMENT

HOLMES, G. W. and DRESSER, R.

Roentgenologic observations in neuroblastoma. J. A. M. A. 91: 1246-1248, Oct. 27, '28.

#### **CONSULTANTS**

TAYLOR, E. W.

Joseph William Courtney, 1868-1928. Arch. Neurol. & Psychiat. 20: 1083-1085, Nov. '28.

SHATTUCK, G. C.

Drinking water for travellers in tropics. J. Trop. Med. 31: 229-232, Sept. 15, '28.

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VOL. II, NO. 2 FALL 1929

## NEW UNIT AT THE MASSACHUSETTS GENERAL HOSPITAL

In February, 1930, the Trustees of the Massachusetts General Hospital will open the Baker Memorial to the public. This new hospital unit has been designed for the care of sick people of moderate means, and as such will be an institution unique in hospital experience. There have always been available beds at a moderate cost, even lower perhaps than those in the new building, but nowhere has voluntary curtailment of physicians' fees been attempted in an institution. It soon became apparent when considering medical care for people in moderate financial circumstances, that no progress could be made without including in calculations the attending physician's fee. It will be possible in the Baker Memorial for a person to plan on a maximum charge from his physician, regardless of the length of his stay. Charges for services amounting to less than the maximum will be determined upon after due consideration of the nature and length of the illness in its relation to the amount and source of the income. This maximum fee has been set at one hundred and fifty dollars (\$150.00) and all fees may be collected by the hospital management. The obstetrical charge is to be somewhat modified in that the maximum fee for uncomplicated delivery and hospital care will be one hundred dollars (\$100.00), leaving the maximum here as well at one hundred and fifty dollars (\$150.00), regardless of complications. Only members of the Staffs of the Massachusetts General Hospital, the Massachusetts Charitable Eve and Ear Infirmary, and the Obstetrical Staff recently appointed will be eligible to practice in this building.

The building itself will be eleven stories in height. In the basement, will be housed the main kitchen, diet kitchen, nurses' dining rooms, rest rooms and clothes rooms. Corridors connect this floor with the basement of the general hospital. The first floor will include the lobby, executive and admitting offices, as well as a fully equipped X-ray Department in charge of the roentgenologist of the General Staff. On the second floor, will be a clinical laboratory which will be in charge of a clinical laboratory physician. As soon as possible this department, linked with the general hospital laboratories, will conduct a school for technicians. Special tests will be made in the main laboratories. The ninth floor will be devoted to obstetrics, while the eleventh floor will contain operating and delivery rooms.

The medical and surgical supplies, as well as food, heat, light, power and laundry work will be furnished from the

general plant, this eliminating much duplication of equipment and labor.

Medical, surgical and special residents will be maintained; also the medical and surgical services in the general hospital will include a period at the Baker Memorial. This important feature—resident physicians and house officers—has been developed in order to keep the records and service at the same high level as is maintained in the parent institution.

The employment of special nurses will be discouraged. Many ward maids, nurses' helpers and floor clerks will be utilized in order to allow the floor nurses furnished by the Training School to devote all their time to actual bedside nursing.

There will be a special representative of the Social Service Department installed in the new building. She will inaugurate a new departure in applying social service principles to a new class of people.

Three hundred and thirty-three beds will eventually be available. For an indefinite period the second floor will be occupied by Wards C and D of the General Hospital and will operate as part of the Medical and Surgical Services, taking twenty-nine beds. Nine beds will be occupied by resident physicians. During the first months—until other quarters are provided—one hundred and five beds will be allotted to nurses. Therefore, when the building opens there will be one hundred and eighty-nine beds available to patients of moderate means, distributed as follows: eighty-eight beds in single rooms, twenty-four beds in two-bed wards, twenty-eight beds in four-bed wards, eighteen beds in cubicles. In addition to these there will be for obstetrical patients, seventeen beds in single rooms, six beds in two-bed wards, and eight beds in four-bed wards, with nurseries for some thirty-one cribs.

A private room will cost the patient six dollars and fifty cents (\$6.50) per day. One-bed cubicles can be had for four dollars (\$4.00) a day. Four-bed rooms are four dollars and fifty cents (\$4.50), and two-bed rooms five dollars and fifty cents (\$5.50) per day. Floor nursing, food and ordinary drugs are included in each price. There will probably be a flat fee charged for laboratory work, to include clinical pathology, pathology, bacteriology, metabolism studies, etc. X-ray charges will be extra.

Recently an announcement has come from Chicago to the effect that the Rosenwald Fund Committee agrees to underwrite one-half of the deficit in operation during the first three years up to a maximum sum of one hundred and fifty thousand dollars (\$150,000.00), not to exceed seventy-five thousand dollars (\$75,000.00) in any one year.



Editorial Office

Massachusetts General Hospital

BOSTON, MASS.

HENRY R. VIETS, M.D., Editor

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WILIAM B. BREED, M.D. JOSEPH GARLAND, M.D.

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## A TRUE STORY

A good many years ago, back in the early sixties, house pupils found it very much to their advantage to be on good terms with the matron of the hospital. There was a matron about this time who knew the proverbial way to a man's heart, and therefore she used, occasionally, to set aside for late evening consumption some dainty from her own table, such as a dish of pudding, a piece of cake, or some other toothsome morsel.

One night, between "calls", a house pupil visited the diningroom and was partaking of one of these evening repasts,—a dish of pudding with plenty of delicious sauce,—when suddenly the familiar footsteps of Dr. Shaw, the Resident Physician, were heard approaching. The house pupil put his plate behind him and assumed an easy air of indifference, simply standing with his hands at his back. Dr. Shaw said "Good evening" and asked the young man to accompany him to the Apothecary's on an errand. The pudding was gingerly slid onto the edge of a conveniently near table, and the two started off together. The errand at the Apothecary's being accomplished, Dr. Shaw opened the door and they passed out, with the house pupil somewhat in advance of his superior officer. As they separated, Dr. Shaw remarked "I think you'd better clean the pudding sauce off your coat tails before you visit your wards." House pupils, at that date, did not wear white suits.

G.W.M.

## HOSPITAL NOTES

Readers of the Massachusetts General Hospital News may be interested to know that the continuation of the History of the Hospital written by Grace Whiting Myers, and covering the time from 1872 through 1900, is in press, and will probably be issued some time in November. Copies will be on sale at the Hospital to those who have not already subscribed towards its publication.

A clinical laboratory under the supervision of Dr. Francis T. Hunter will be established in The Baker Memorial. All routine laboratory examinations for patients in the Phillips House and Baker Memorial will be carried on in this department. Any special examinations will be attended to in the various laboratories of the General Hospital.

A school for training laboratory technicians will be conducted in connection with this clinical laboratory.

The Trustees of the Julius Rosenwald Fund are sufficiently interested in The Baker Memorial, the first hospital for people of moderate means, to offer assistance in meeting the deficit for the first three years. It is necessary to use three floors of The Baker Memorial as nurses quarters until a new nurses' home is built. This reduces the income considerably so that a deficit is bound to occur until the entire building is available for patients.



The death of Dr. Alice Outhouse at the Massachusetts General Hospital on June 21 will be greatly regretted by all physicians and those of the laity who take a special interest in that institution. The facts are few. About four days before Dr. Outhouse died a child entered her ward on the children's service, extremely sick with meningitis. Dr. Outhouse devoted her attention to this child, but in spite of the administration of the so-called "specific" treatment, the child died within a few hours. Dr. Outhouse developed similar symptoms three days later and died within twenty-four hours of the onset of the disease. Both the child and the physician died of the most malignant form of meningitis.

Dr. Outhouse was born in Madison, Wis., a little over twenty-seven years ago. She was graduated from the University of Wisconsin, took two years of medical work there, completed her medical course at the University of Cincinnati, where she was granted her M. D. degree in 1926. She served for a year as an intern in a general hospital in Madison, spent the summer connected with the baby clinics organized by the Wisconsin Health Department, and in October, 1927, entered the Massachusetts General Hospital as a graduate assistant. Later she served as an intern on the Children's Medical Service from April to December, 1928. During last winter she was at the Kingston Avenue Contagious Hospital, Brooklyn, N. Y., but she returned to the Massachusetts General Hospital the first of April as resident physician, a position which she held at the time of her death.

She had a splendid personality and was well suited to the care of children. Her exceptional training won her a position as resident physician, a post which is seldom granted to women. She died, without question, on the front line of the battle-field where medicine fights against disease. It is well for us to pause occasionally and think with what a courageous attitude our young people take up the study of medicine, which still has, in spite of the great advances which we have made in the last two decades, a considerable degree of danger.—From the Boston Evening Transcript, June 25, 1929.

We regret to note, in another column, a number of resignations from the staff of the hospital. A certain number of men have resigned on account of the age limit; others, it will be noted, are to continue their work in hospitals elsewhere. Dr. Coonse has accepted a position in the Orthopedic Department, University of Missouri, Columbia, Mo.; Dr. Fremont-Smith will be attached to the Thorndike Memorial Laboratory, Boston City Hospital; Dr. Davis will devote all his time, in the future, to the John Hancock Life Insurance Company, Boston; Dr. Allison has accepted an appointment as Professor of Surgery, in charge of the Orthopedic Division, University of Chicago; Dr. Lawson will be with the Department of Bacteriology, Louisville University, Louisville, Ky.; Dr. Dresser will serve as Roentgenologist at the Memorial Hospital, Worcester, Mass.; and Dr. Ghormley goes to the Mayo Clinic, in their Orthopedic Department.

In 1928, during the week preceding the Congress of the College of Surgeons a fracture course was given at the Massachusetts General Hospital. The attendance was large and it was thought advisable, at that time, to repeat the course this year. This has been done from October 7th to October 12th. The course extended through a period of eight hours each day, divided into morning, afternoon and evening sessions. The instruction was based on acute and convalescent fracture cases and on the study of known end results in over 800 old cases. The course was given in conjunction with the Department of Courses for Graduates, Harvard Medical School.

The Department of Dermatology and the Department of Syphilis were amalgamated to be one Department, known as the Department of Dermatology and Syphilis, on July 1, 1929. Dr. E. Lawrence Oliver was appointed Chief of this Depart-

The term for House Officers on the Medical Service has been lengthened to 22 months, which will cover service in The Baker Memorial.

The term for House Officers on the Surgical Service has been lengthened to 25 months, which will cover service in The Baker Memorial.



A Chiropody Clinic has been established in the Out Patient Department and the services of the chiropodist may be had one day a week.



January 24, 1929—The Warren Triennial Prize was awarded to Drs. William B. Castle and Wilmot C. Townsend of the Thorndike Memorial Laboratory, Boston City Hospital, for an essay entitled, "The Probable Physiological Significance of Achylia-Gastrica in the Causation of Pernicious Anemia." There were eleven essays submitted.

Announcement was received of the death of Miss Anna C. Maxwell, on January 2, 1929. She was Superintendent of Nurses at this hospital from 1881 to 1889, one of the most constructive periods in the history of the Training School. She had much to do with the development of the nursing profession in this country. During her years at the Massachusetts General Hospital the class room instruction was greatly improved, a night supervisor was installed, the Thayer was built, the first uniform, blue check, was adopted, and the school pin designed and manufactured. After leaving this hospital she was at St. Luke's Hospital in New York for three years, and then for thirty years in the Presbyterian Hospital.



## STAFF AND ALUMNI NECROLOGY

WILLIAM HORACE DAVIS, Died Jan. 8, 1929; West Surgical 1898. FREDERICK CHEEVER SHATTUCK, Died Jan. 11, 1929; Physician to Out-Patients, 1878-1886, Visiting Physician, 1886-1912, Board of

Consultation, 1912-1929. WILLIAM WHITWORTH GANNETT, Died April 21, 1929; Physician to Out-Patients, 1884-1891, Visiting Physician, 1891-1911, Board of Consultation, 1911-1929.

LEON E. WHITE, Died May 18, 1929; Otologist, 1924-1929.

ALICE OUTHOUSE, Died June 21, 1929; Children's Medical, 1928, Resident Physician Child. Med., 1929.

ELBRIDGE GERRY CUTLER, Died June 23, 1929; Medical, 1871, Physician to Out-Patients, 1878-1889, Visiting Physician, 1889-1908, Board of Consultation, 1908-1929.

HENRY STRONG DURAND, Died May 8, 1929; West Surgical, 1887.



## STAFF CHANGES

- DR. LELAND S. McKITTRICK, Assistant Visiting Surgeon, Feb. 21, 1929. DR. ELIZABETH MACNAUGHTON, Assistant Urologist, Jan. 4, 1929.
- DR. RUSSELL L. SPLAINE, Assistant Urologist, Jan. 4, 1929.
- DR. DANIEL FISKE JONES, Board of Consultation, Jan. 4, 1929.
- DR. LINCOLN DAVIS, Chief of East Surgical Service, Jan. 4, 1929.
- DR. FRANCIS M. RACKEMANN, Physician, Jan. 18, 1929.
- DR. WYMAN RICHARDSON, Associate Physician, Jan. 18, 1929.
- DR. DWIGHT L. SISCO, Associate Physician, Jan. 18, 1929.
- DR. WALTER BAUER, Assistant Physician, Jan. 18, 1929. DR. LOUIS WOLFF, Assistant Physician, Jan. 18, 1929.
- DR. WILLIAM A. BISHOP, Assistant in Medicine, Jan. 18, 1929. DR. ALLAN R. CUNNINGHAM, Assistant in Medicine, Jan. 18, 1929.
- DR. CARLISLE REED, Assistant in Medicine, Jan. 18, 1929. DR. WARREN N. TILTON, Assistant in Medicine, Jan. 18, 1929.
- DR. EDWARD S. O'KEEFE, Assistant Physician, Jan. 18, 1929.
- DR. ROY R. WHEELER, Assistant Physician, Jan. 18, 1929.
- DR. HUGH WILLIAMS, Board of Consultation, Feb. 1, 1929.
- DR. W. JASON MIXTER, Visiting Surgeon, Feb. 21, 1929.
- DR. WYMAN WHITTEMORE, Visiting Surgeon, Feb. 21, 1929.
- DR. RICHARD MILLER, Associate Surgeon, Feb. 21, 1929.
- DR. ARTHUR W. ALLEN, Associate Surgeon, Feb. 21, 1929.
  DR. GEORGE A. LELAND, Jr., Associate Surgeon, Feb. 21, 1929.
  DR. FREDERICK C. IRVING, Chief of Obstetrical Dept., March 8, 1929.
- DR. FRANCIS T. HUNTER, In charge of Clinical Laboratory, Baker Memorial, June 14, 1929.
- DR. FRANKLIN S. NEWELL, Board of Consultation, August 9, 1929. DR. NATHANIEL ALLISON, Board of Consultation, Sept. 20, 1929.
- DR. HENRY D. LLOYD, Board of Consultation, July 1, 1929.
- DR. E. LAWRENCE OLIVER, Chief of Dept. of Dermatology and Syphilis, July 1, 1929.

## RESIGNATIONS

- DR. G. KENNETH COONSE, Assistant, Orthopedic Service, Jan. 4, 1929.
- DR. FRANK FREMONT-SMITH, Assistant, Neurological Service, Jan. 4, 1929.
- \*DR. DANIEL FISKE JONES, Chief, East Surgical Service, Jan. 4, 1929.
- DR. WILLIAM L. DAVIS, Assistant in Surgery, Jan. 4, 1929.
- \*DR. HUGH WILLIAMS, Visiting Surgeon, Feb. 1, 1929.
- \*DR. FRANKLIN S. NEWELL, Consulting Obstetrician, August 9, 1929.
- DR. NATHANIEL ALLISON, Chief of Orthopedic Service, Sept. 1, 1929.
- \*DR. HENRY D. LLOYD, Chief of Syphilis Department, July 1, 1929.
- DR. GEORGE M. LAWSON, Bacteriologist, Sept. 1, 1929.
- DR. JAMES L. STODDARD, Chemist, Sept. 1, 1929.
- DR. RICHARD DRESSER, Assistant Roentgenologist, July 22, 1929.
- DR. RALPH K. GHORMLEY, Asst. Orthopedic Surgeon, July 12, 1929.
- \*DR. LLOYD T. BROWN, Orthopedic Surgeon, Sept. 20, 1929.
  - Now on Board of Consultation.



## STAFF APPOINTMENTS

- DR. ELIZABETH SAMOYLENKO, Assistant, Urological Service, Jan. 4, 1929.
- DR. FRANK I. RHODES, Assistant Dental Surgeon, Feb. 21, 1929.
- DR. CHARLES W. CROWLEY, Assistant Dental Surgeon, Feb. 21, 1929.
- DR. JAMES E. DONAHUE, Assistant Dental Surgeon, Feb. 21, 1929.
- DR. T. DUCKETT JONES, Research Fellow, Feb. 21, 1929.
- DR. SUMNER ROBERTS, Assistant Orthopedic Service, Feb. 21, 1929.
- DR. ALBERT G. ENGELBACH, Assistant Director, March 8, 1929.
- DR. GILBERT L. ADAMSON, Resident Physician, Neurological Service,
- March 8, 1929.
- DR. JACOB LERMAN, Research Fellow, March 8, 1929.
- DR. MARCY L. SUSSMAN, Assistant Resident, Roentgenological Department, June 1, 1929.
- DR. FULLER ALBRIGHT, Assistant Physician, Sept. 6, 1929.
- DR. E. F. BLAND, Research Fellow in Medicine, Sept. 6, 1929.
- DR. FRANK W. MARLOW, Jr., Assistant in Medicine, July 12, 1929.
- DR. RICHARD B. KING, Assistant in Medicine, August 9, 1929.
- DR. ELBERT L. PERSONS, Resident Physician, August 19, 1929.
- DR. F. D. PIERCE, Resident Physician, Sept. 1, 1929.
- DR. HENRY L. GEORGE, Resident, Children's Medical Service, July 1, 1929,
- DR. MERRILL J. KING, Bacteriologist, Sept. 1, 1929.
- DR. LESLIE K. SYCAMORE, Assistant Resident Roentgenologist, Sept. 1, 1929.
- DR. C. V. KILBANE, Assistant Resident Roentgenologist, Sept. 1, 1929.
- DR. V. H. KAZANJIAN, Consultant in Plastic Surgery, July 12, 1929.
- DR. JOSEPH S. BARR, Assistant, Orthopedic Department, Sept. 1, 1929.
- DR. T. R. GOETHELS, Obstetrician, July 12, 1929.
- DR. W. T. S. THORNDIKE, Obstetrician, July 12, 1929.
- DR. SAUL BERMAN, Assistant Obstetrician, July 12, 1929.
- DR. D. J. BRISTOL, Assistant Obstetrician, July 12, 1929.
- DR. ARTHUR DONOVAN, Assistant Obstetrician, July 12, 1929.
- DR. M. F. EADES, Assistant Obstetrician, July 12, 1929.
- DR. R. M. GREEN, Assistant Obstetrician, July 12, 1929.
- DR. PAUL GUSTAFSON, Assistant Obstetrician, July 12, 1929.
- DR. J. L. HUNTINGTON, Assistant Obstetrician, July 12, 1929.
- DR. D. L. JACKSON, Assistant Obstetrician, July 12, 1929.
- DR. F. S. KELLOGG, Assistant Obstetrician, July 12, 1929.
- DR. N. R. MASON, Assistant Obstetrician, July 12, 1929.
- DR. GEORGE E. MAY, Assistant Obstetrician, July 12, 1929.
- DR. JOHN ROCK, Assistant Obstetrician, July 12, 1929.
- DR. J. A. SMITH, Assistant Obstetrician, July 12, 1929.

DR. J. B. SWIFT, Assistant Obstetrician, July 12, 1929.

DR. J. V. TAYLOR, Assistant Obstetrician, July 12, 1929.

DR. BENJAMIN TENNEY, Assistant Obstetrician, July 12, 1929.

DR. A. P. WINSOR, Assistant Obstetrician, July 12, 1929.

#### MEDICAL HOUSE OFFICERS

GILES W. THOMAS	٠.	Jan. 1	1, 1929
CHARLES L. SHORT		Jan.	1, 1929
RODERICK HEFFRON		April 1	l, 1929
JOHN P. MONKS		April 1	1, 1929
EDWARD G. THORP		July 1	, 1929
HUGH F. FOLSOM		July 1	1, 1929

#### CTID CTC AT TYOTICE OFFICERS

SURGICAL HOUSE OFFIC.	EK3	
VERNON P. WILLIAMS	/ •	Jan. 1, 1929
MARSHALL K, BARTLETT		Jan. 1, 1929
GEORGE A. MARKS		April 1, 1929
RICHARD W. DWIGHT		April 1, 1929
GILBERT T. HYATT		July 1, 1929
SIDNEY C. GRAVES		July 1, 1929

### ORTHOPEDIC HOUSE OFFICERS

JOSEPH S. BARR	Jan. 1, 1929
HAROLD F. MILLER	March 1, 1929
FREDERIC C. BOST	May 1, 1929
R. B. McGOVNEY	July 1, 1929
DONALD McNEIL	Sept. 1, 1929

### CHILDREN'S MEDICAL HOUSE OFFICERS

JOHN B. GRIGGS				Jan.	1,	1929
JEANETTE MUNRO				April	1,	1929
OTTO C. YENS				July	1,	1929

#### NEUROLOGICAL HOUSE OFFICERS

JAMES W. WATTS	Jan. 15, 1929
VIRGIL CASTEN	Feb. 1, 1929



## PUBLICATIONS BY MEMBERS OF THE STAFF

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VOL. III, NO. 1 SPRING 1930

## **HOSPITAL NOTES**

The opening of the new Baker Memorial Hospital took place on February 27th, 1930. Exercises were held in the Moseley Memorial Building, at four o'clock. After an invocation by Rev. Henry D. Sherrill, D.D., a trustee of the hospital, a dedication speech was made by Mr. George Wigglesworth, president of the Board of Trustees. Addresses were also made by Governor Frank G. Allen of Massachusetts and Mr. Edwin R. Embree, President of the Julius Rosenwald Fund of Chicago. Mr. William Endicott, chairman of the Board of Trustees, introduced the speakers.

The Alumni of the Massachusetts General Hospital met in the evening of the same day, in the Aesculapian Room of the Harvard Club, for dinner.

Patients were received in the hospital on March 1st and during the first month the 8th and 6th floors were filled; the 9th floor was opened on April 1st.

A committee has been formed in the Hospital, consisting of Mrs. Nathaniel Thayer, Miss Lucy Wright, Jeffrey R. Brackett, and Paul D. White, M.D., to raise a fund as an expression of honor to Dr. Richard C. Cabot and in appreciation of his important public services as shown in the establishment of medical-social service at the Hospital. In 1930, twenty-five years will have passed since the initiation of Social Service. During that time the hospital social service movement, with which Dr. Cabot's name will always be connected, has spread through the many nations. The purpose of the Fund is to maintain the high quality of service in the present Social Service Department. It is proposed to celebrate the twenty-fifth anniversary of the Department in June 1930.

In the last number of the *News* the death of Dr. W. W. Gannett, in April 1929, was reported. He was Visiting Physician to the hospital from 1891-1911. Mrs. Gannett, in honor of her husband's memory, has given to the hospital a sum of money to pay for the replacing of the seats in the old Ether Dome of the Bulfinch Building.

At the time of the resignation of Dr. William H. Smith from the West Medical Service, his former pupils gathered together at a dinner at the Brookline Country Club. A large volume of letters and five volumes of reprints written by former students on the West Medical Service were handsomely bound, and given to Dr. Smith. In addition, a portrait of him was painted and presented to the hospital. It now hangs in the medical staff room of the Bulfinch Building.

We regret to report the death of two members of the staff of the Massachusetts Eye & Ear Infirmary, both of whom were closely associated with the Massachusetts General Hospital. Dr. James C. Kirby died on February 3rd, 1930, at the hospital, after a long illness. He was a graduate of the Tufts Medical School, in 1917, later attended Bellevue Hospital, New York, and established himself in Boston as an ear, nose and throat specialist in 1919. He was a man of dynamic personality and highly thought of as a consultant, especially because of his knowledge of ear diseases. He was long associated with the Consultation Clinic of the hospital. He is survived by his wife and a daughter.

Dr. Edwin A. Meserve died at the Newton Hospital, February 13th, 1930. He was graduated from Harvard College in 1907 and from the Harvard Medical School in 1913. He soon became associated with the Newton Hospital, where he did a large part of his work, although he had an office in Boston. He was also on the staff of the Children's Hospital, Boston, and was a member of many medical as well as military organizations. He is survived by his wife and two small children.

Dr. Lesley K. Sycamore, a graduate of the Harvard Medical School in 1927 and at present on the staff of the Massachusetts General Hospital, has been appointed roentgenologist to a new department to be established at the Mary Hitchcock Memorial Hospital, Hanover, N. H.

2000

The graduating exercises of the Training School for Nurses were held at the Moseley Memorial Building on the evening of February 5th, 1930. The address was delivered by Dr. C. Macfie Campbell, Director, Boston Psychopathic Hospital.



Editorial Office

Massachusetts General Hospital

BOSTON, MASS.

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# THE STRUGGLES OF A RECORD CLERK IN THE LATE '90s

Appointed to take charge of the records in this Hospital at the end of the year 1897, the writer can now, with a smile, record some of her struggles with medical nomenclature. There were no trained record librarians in those days, and no classified lists of diseases to which the unwilling intern *must* adhere, and which would have been a mighty source of help to the uninitiated cataloguer.

During her first year she ran across this diagnosis, "Whistle in Oesophagus." She was pretty sure about the location of the oesophagus, though she thought it was what she had always heard called the "windpipe" (?) Not having yet acquired the habit of reading records to discover the real diagnosis in cases where fanciful terms were employed, she concluded that a whistling sound in a "windpipe" was probably all right even though she had never before heard of it. So down it went, "Whistle in Oesophagus." It was later changed to "Foreign Body in Oesophagus"; the baby had swallowed a whistle. And oesophagus wasn't the windpipe.

"Squeezed Head" was another pretty term. This resolved itself easily in "Multiple Contusions of the Head." She was learning.

A few years passed, and even illegible handwritings were becoming more readable, when one day after struggling in vain to decipher a diagnosis in the handwriting of Dr. F. C. Shattuck, she finally appealed to him. After a glance at it he said, in his short quick way, "Why! that's Wild Animals in the Blood." "What's that?" inquired the astonished record clerk. To which he repeated, "Why, wild animals in the blood; that's all"; and he passed out the door followed by his interns. The poor record clerk pondered. Some day that case would be wanted, but who in the world was ever going to look for it under the word "wild"? It took some weeks to solve the problem, but it was finally catalogued as "Phagocytosis."

G. W. M.

## IN RETROSPECT

In 1914, shortly after the death of Dr. James G. Mumford of Boston, Dr. Malcolm Storer, a close friend, wrote a biographical notice in which he pointed out that Dr. Mumford was, "a man before his time and essentially a reformer, not of the irritating, aggressive type to whom we surrender out of sheer boredom, but the quiet, persistent kind of man who sees clearly what he feels ought to be done and keeps his goal steadfastly in mind." It is interesting to look back, after nearly twenty years, and see what these goals were—for there were three of them—which Dr. Mumford steadfastly kept in mind and to note what has happened in the intervening period.

The three things of which Dr. Mumford was firmly convinced all have their present-day aspects. One was that, in many cases, religion is quite as potent a remedial agent as is medicine. Dr. Mumford joined with great enthusiasm the so-called "Emmanuel Movement," the success of which has been by no means commensurate with the hopes Dr. Mumford had of it. On the other hand, the importance of faith in medicine has grown continually since Dr. Mumford's time, and altho the medical profession has never accepted the religious point of view on an organized basis, the two have grown closer and closer together, as Dr. Mumford so clearly predicted. Science, including medicine, and theology were never more in accord than today.

Secondly, Mumford foresaw, as far back as 1906, that with the coming of great medical centers, such as the Harvard Medical School, there should be professors whose chief business it was to teach students. He saw that full-time professorships must soon be established, for it was impossible for the practitioners to have time enough or be well trained enough to teach medicine as it was bound to be taught in the future. Medicine was becoming too complicated even in its clinical branches and, altho we are sure that Dr. Mumford would have protested very strongly against the complete exclusion of the part-time clinical men, the expansion of the full-time teaching system, now recognized as one of the great forward steps in medicine today, was well established in his mind twenty-five years ago. We realize today that his foresight in this matter was excellent and that the tendency expressed in his ideas was the correct one.

The third, and probably the most profound, conviction of his life was one that has been even more fully realized than either of the other two. It was Dr. Mumford who saw that while the rich and the very poor are well cared for medically, no adequate provision, during his time, was made for the man with a slender purse who did not wish to be a "charity patient." To this end, from 1910 on he devoted much of his thought and labor and even made plans for establishing a cooperative hospital for people of moderate means, of which he was to be the surgical head. This scheme got no further that its prospectus during Dr. Mumford's lifetime, altho the idea was partly carried out by him when, in 1912, he became physician-in-chief of the Clifton Spring (New York) Sanitarium. There were reasons, largely differences of opinion in regard to policy, which led to his failure in New York, but death came so quickly after 1912 that perhaps it is unfair to consider that his work there was even well under way before

The opening of the new Baker Memorial Hospital at the Massachusetts General Hospital is undoubtedly the result, at least in part, of the idea implanted in men's minds by Dr.

Mumford, twenty years ago. His far vision was correct in this respect as it was in relation to the full-time teachers at the Medical School. It seems worthy to note at this time when, in our constant activities, we are likely to forget the past, the work of a man to whom Boston owes so much in medicine.—
From the New England Journal of Medicine, Apr. 10, 1930.

#### 200

## A HISTORY OF THE MASSACHUSETTS GENERAL HOSPITAL

The publication, this year, of a new volume on the "History of the Massachusetts General Hospital," by Mrs. Grace W. Myers, Librarian Emeritus, completes the history of that institution up to the year 1900. It is not without interest to look back at the previous histories of the Hospital, for they all contain material of great worth to any physician or historian who is interested in the development of medicine in Massachusetts. The first history, by Mr. N. I. Bowditch, was published in 1851 and contained the story of the growth of the Hospital from its earliest beginnings, with the bequest of William Phillips in 1804, through the middle of the 19th century. The first patient was received September 3, 1821. Mr. Bowditch, who was secretary and trustee of the Hospital for twenty-five years and whose father-in-law, Ebenezer Francis, Esq., was one of the earliest and most active managers, wrote a contemporary estimate of the Hospital during his lifetime. The volume, unfortunately was privately printed and is not easily obtainable at the present time. One of the outstanding features of Bowditch's history was the illustrations. They consisted of a few superb engravings, including those of Dr. John C. Warren and Dr. James Jackson. In 1872 a second edition of this book was published by Dr. George E. Ellis, continuing the first volume from 1851 to that date. Dr. Ellis also published, in 1899, extracts from these two histories, covering the years 1810 to 1872. In this volume we find in brief form a list of the most important events connected with the hospital during those years.

Mrs. Myers has continued these histories in a volume written with great care. A feature of her book also is the illustrations taken from photographs. Her history covers the period of the enlargement of the Hospital, which, in 1872, consisted of the Bulfinch Building, the Bigelow Amphitheatre, and, on the same grounds, the Medical College. The general growth of the Hospital, the erection of new buildings, the changes in personnel, the development of the nursing service, and the advancement of medicine by members of the staff are all clearly set forth. The book is of great interest to all physicians who have been on the staff of the Massachusetts General Hospital and, in a wider sense, must appeal to everyone connected with medicine in this country, for it gives a permanent record of the development of one of our great medical institutions.—From the New England Journal of Medicine, Feb. 13, 1930.

## HOSPITAL NOTES

The tragic death of one of the younger surgeons of the hospital, Dr. Wm. L. McClure, who died after an automobile accident, March 10, 1930, brought a large number of tributes to him in the press. The following appeared in the *Boston Evening Transcript*, March 14th:

"The more closely one is associated with medical school and hospital, the more clearly one appreciates the stages of a surgical career, which otherwise are in part not seen, or telescoped together and blurred as a memory of personal experience. In Dr. McClure one can remember the keen student, the competent interne in the wards of the hospital, the resident surgeon more than adequate to increasing responsibilities, and finally the junior member of the staff fit to deal with greater tasks than can be assigned under hospital routine. Or he can be looked upon from the viewpoint of selection and elimination; a graduate receiving a degree with the highest honors in the power of the Harvard Medical School, the interne chosen at the head of the list, and the one picked from among the internes for two further years of resident training. As a background there are the infinite number of decisions increasing in complexity, the hours of assisting day after day for months and years, until reaction to the unexpected becomes almost automatic, and finally the increasing sureness as surgeon alone responsible. We see a man simple and direct, keenly interested and intellectually honest, for whom his colleagues felt something deeper than affection. His loss the Massachusetts General Hospital shares with the community how wide in this instance no one can say. We know that a young eagle, fully plumed, has gone. E. P. R."

We also reprint from the New England Journal of Medicine the following tribute from Dr. Wyman Richardson, a close associate of Dr. McClure:

"The sudden death of William Lionel McClure leaves an empty space that can never be filled. He has been taken from us just as he was well on his way toward the greatest things in our profession. Cleancut, in feature as in thought, an indefatigable worker who, at the end of a long and tiring day, knew how to laugh, perhaps at himself; sound in judgment, always thoughtful of others, always willing to do more than his share, generous to a fault, decisive, skillful, brilliant; surely had he been spared he would have reached the very highest peak of his profession.

"This world is a better place for his having been in it. I consider myself lucky to have known him as a friend."

Dr. Monroe A. McIver, who resigned from the staff February 1st, has accepted an appointment as surgeon-in-chief to the Mary Imogene Bassett Hospital at Cooperstown, N. Y.

The number of beds assigned to the Urological Service at the hospital has been increased from ten to twenty.

A luncheon was given by the Board of Trustees to members of the staff of the hospital on February 5th, 1930.

## CLINICAL MEETINGS OF THE STAFF

Oct. 30, 1929.

The meeting was taken over by the Suffolk District Medical Society. The program was as follows:

1. The various uses of iodine in goiter. DR. J. H. MEANS

2. An unusual genito-urinary problem. DR. J. D. BARNEY

3. Diaphragmatic hernia in secondary anemia. DR. A. V. BOCK

4. Interesting gastro-intestinal cases. DR. C. M. JONES

5. Observations on a group of burn cases. DR. M. A. McIVER

6. Diagnostic novocaine block of sympathetic nerves.

DR. J. C. WHITE

7. Relief of pain of vascular diseases of the foot.

DR. R. SMITHWICK

Nov. 14, 1929.

Subject: Cerebro-Spinal Meningitis

1. Bacteriology. DR. BENJAMIN WHITE

2. Pathology. DR. TRACY B. MALLORY

3. Incidence and differential diagnosis DR. JAMES B. AYER

4. Clinical aspects. DR. CHARLES F. McKAHNN

Jan. 9, 1930.

1. Presentation of Interesting Cases.

2. Diaphragmatic herniae associated with secondary anemia.

DR. A. V. BOCK

3. Discussion of the subject of diaphragmatic hernia with moving picture demonstration. DR. P. E. TRUESDALE, Fall River, Mass.

Feb. 13, 1930.

1. Malignant disease from the urological standpoint.

DR. J. D. BARNEY

2. Personal experiences with prostatectomy. DR. G. G. SMITH

3. Some considerations of genito-urinary tuberculosis.

DR. H. H. CRABTREE

4. Bladder symptoms from diverticulitis of the sigmoid.

DR. F. H. COLBY

5. Hematuria. DR. C. S. SWAN

6. The seminal vesicles as a factor in the sterility problem.

DR. M. B. SANDERS

March 13, 1930.

1. The sedimentation rate of the blood in obstructive jaundice.

DR. ROBERT R. LINTON

2. Observations on the goitre endemic in the Great Lakes Basin.

DR, FREDERICK A. COLLER, University of Michigan.



## STAFF CHANGES

DR. PHILIP D. WILSON, Orthopedic Surgeon, Nov. 29, 1929.

DR. WILLIAM A. ROGERS, Assistant Orthopedic Surgeon, Nov. 29, 1929.

DR. ARMIN KLEIN, Assistant Orthopedic Surgeon, Nov. 29, 1929.

DR. EDWIN F. CAVE, Orthopedic Surgeon to Out Patients, Nov. 29, 1929.

DR. BENJAMIN H. RAGLE, Assistant Physician, Jan. 24, 1930.

DR. FRANCIS T. HUNTER, Assistant Physician, Jan. 24, 1930.

DR. SETH M. FITCHET, Assistant Surgeon to Out Patients, Jan. 24, 1930.

DR. GEORGE R. MINOT, Board of Consultation, Jan. 24, 1930.



## STAFF AND ALUMNI NECROLOGY

WILLIAM L. McCLURE, Died March 10, 1930; House Officer, West Surgical Service, 1923-1925, Resident Surgeon, 1925-1927, Assistant in Surgery, 1927-1930.

## RESIGNATIONS

DR. MARK H. ROGERS, Orthopedic Surgeon, Jan. 10, 1930.

DR. MURRAY S. DANFORTH, Orthopedic Surgeon to Out Patients, Jan. 24, 1930.

DR. MONROE A. McIVER, Assistant Visiting Surgeon, Feb. 1, 1930.



## STAFF APPOINTMENTS

DR. RICHARD DRESSER, Assistant Visiting Roentgenologist, Oct. 4, 1929.

DR. JESSIE R. COCKRILL, Research Fellow in Medicine, Oct. 4, 1929.

DR. EARNEST A. CODMAN, Board of Consultation, Oct. 4, 1929.

DR. ROGER I. LEE, Board of Consultation, Oct. 4, 1929.

DR. ZABDIEL B. ADAMS, Board of Consultation, Oct. 4, 1929.

DR. MARIUS N. SMITH-PETERSEN, Chief of the Orthopedic Service, Oct. 4, 1929.

DR. MOSES H. SUZMAN, Research Fellow in Medicine, Nov. 1, 1929.

DR. SIDNEY GREENBERG, Research Fellow in Medicine, Nov. 1, 1929.

DR. MILDRED RYAN, Assistant in Dermatology, Nov. 29, 1929.

DR. GEORGE W. VAN GORDER, Assistant Orthopedic Surgeon, Nov. 29, 1929.

DR. JOHN W. SPELLMAN, Assistant in Surgery, Jan. 10, 1930.

DR. LANGDON PARSONS, Assistant in Surgery, Jan. 10, 1930.

DR. R. M. SHUKLE, Assistant in Neurology, Jan. 10, 1930.

DR. STEVEN J. MADDOCK, Research Fellow in Surgery, Jan. 24, 1930.

DR. LLOYD T. BROWN, Special Consultant in Orthopedic Surgery, Feb. 21, 1930.

DR. WILLIAM H. SMITH, Board of Consultation, Feb. 21, 1930.

DR. CHARLES DUMAS, Junior Resident in X-Ray Department, June 1, 1930.

DR. EDWARD L. VOKE, Junior Resident in X-Ray Department, Jan. 1, 1930.

DR. E. F. BLAND, Dalton Scholar, Oct. 18, 1929.

DR. RICHARD H. WALLACE, Assistant Resident Surgeon, Nov. 1, 1929.



## MEDICAL HOUSE OFFICERS

SVEN M. GUNDERSON	October 1, 1929
EARLE M. CHAPMAN	October 1, 1929
CHARLES A. NOBLE	January 1, 1930
JOHN W. CASS, JR.	January 1, 1930
MILTON L. MILLER	April 1, 1930
OTTO C. YENS	April 1, 1930

#### SURGICAL HOUSE OFFICERS

SUKGICIL HOUSE	OTTICLIO
CHARLES P. SHELDON	October 1, 1929
CORNELIUS HAWES	October 1, 1929
SYLVESTER B. KELLEY	January 1, 1930
GRAY H. TWOMBLEY	January 1, 1930
HERBERT ADAMS	April 1, 1930
WILLIAM HOYT	April 1, 1930

## ORTHOPEDIC HOUSE OFFICERS

FRANCIS McKEEVER	November 1	, 1929
JAMES TUCKER	January 1	, 1930
C. W. FORTUNE	March 1	, 1930

## CHILDREN'S MEDICAL HOUSE OFFICERS

RALPH W. DAFFINEE	October 1,	1929
PEMBROKE MACDERMOTT	January 1,	1930
BERNARD B. GILMAN	April 1,	1930

## PATHOLOGICAL HOUSE OFFICERS

E. R	OSS	MINTZ	June	1,	1929
		H BOYES	Tune	1.	1929

#### 5

# PUBLICATIONS BY MEMBERS OF THE STAFF

## MEDICAL DEPARTMENT

## ALBRIGHT, F. and BAUER, W.

Action of sodium chloride, ammonium chloride, and sodium bicarbonate on total acid-base balance of case of chronic nephritis with edema. J. Clin. Investigation 7: 465-486, Aug. '29.

#### ALBRIGHT, F. and ELLSWORTH, R.

Studies on physiology of parathyroid glands; calcium and phosphorus studies on case of idiopathic hypoparathyroidism. J. Clin. Investigation 7: 183-201, June '29.

## BAUER, W. and MARBLE, A.

Preliminary note on mode of action of irradiated ergosterol. New England J. Med. 201: 809-811, Oct. 24, '29.

#### BOCK, A. V., and others.

On partial pressures of oxygen and carbon dioxide in arterial blood and alveolar air. J. Physiol. 68: 277-291, Nov. '29.

#### LERMAN, J.

Comparison of arsphenamin and catarrhal jaundice, with special reference to blood picture. Am. J. M. Sc. 178: 54-62, July '29.

#### LORD, F. T.

Case of diaphragmatic hernia with remarks on diagnosis. M. Clin. North America 13: 67-73, July '29.

Effect of bronchitis, influenza and pneumonia on pulmonary tubercu- losis. New England J. Med. 201: 410-413, Aug. 29, '29.

## LORD, F. T. and NESCHE, G. E.

Antibody and agglutinin in pneumococcus pneumonia. J. Exper. Med. 50: 449-453, Oct. '29.

# LUTHER, E. H., and others.

Preparalytic poliomyelitis; further observations on treatment with convalescent serum. J. Infect. Dis. 45: 175-190, Sept. '29.

## PALMER, R. S. and SPRAGUE, H. B.

Four cases illustrating untoward symptoms which may be produced by use of potassium sulphocyanate in treatment of hypertension. M. Clin. North America 13: 215-220, July '29.

## PALMER, R. S., SILVER, L. S. and WHITE, P. D.

Clinical use of potassium sulphocyanate in hypertension; preliminary report of 59 cases. New England J. Med. 201: 709-714, Oct. 10, '29.

### PERSONS, E. L.

Studies on red blood cell diameter; relative diameter of immature (reticulocytes) and adult red blood cells in health and anemia, especially in pernicious anemia. J. Clin. Investigation 7: 615-629, Oct. '29.

# FITZHUGH, G. and PERSONS, E. L.

Studies on red blood cell diameter; decrease in mean diameter of reticulocytes and adult red blood cells in pernicious anemia following liver therapy. J. Clin. Investigation 7: 631-636, Oct. '29.

# RACKEMANN, F. M. and TOBEY, H. G.

Studies in asthma; nose and throat in asthma. Arch. Otolaryng. 9: 612-621, June '29.

### SPRAGUE, H. B.

Heart in surgery; analysis of results of surgery on cardiac patients during past 10 years at Massachusetts General Hospital. Surg. Gynec. Obst. 49: 54-58, July '29.

Progress in study of cardiovascular disease in 1928. New England J. Med. 201: 313-330, Aug. 15, '29.

## DAVIS, D. and SPRAGUE, H. B.

Ventricular fibrillation; its relation to heart-block; report of case in which syncopal attacks and death occurred in course of quinidine therapy. Am. Heart J. 4: 559-572, June '29.

# THOMPSON, W. O. and THOMPSON, P. K.

Temporary edema of face following treatment for exophthalmic goiter. Am. J. M. Sc. 178: 73-83, July '29.

Significance of low basal metabolism following thyrotoxicosis. Am. J. Surg. 7: 48-54, July '29.

THOMPSON, W. O., THOMPSON, P. K., BRAILEY, A. G. and COHEN, A. C.

Calorigenetic action of thyroxin at different levels of basal metabolism in myxedema. J. Clin. Investigation 7: 437-463, Aug. '29.

# THOMPSON, W. O., THOMPSON, P. K., SILVEUS, E. and DAILEY, M. E.

Cerebrospinal fluid in myxedema. Arch. Int. Med. 44: 368-373, Sept. '29.

# WHITE, P. D. and MUDD, S. G.

Observations on effect of various factors on duration of electrical systole of heart as indicated by length of Q-T interval of electrocardiogram. J. Clin. Investigation 7: 387-435, Aug. '29.

# SURGICAL DEPARTMENT

## ALLEN, A. W.

Surgical treatment of embolism of extremities. New England J. Med. 201: 304-307, Aug. 15, '29.

#### ALLEN, A. W. and SMITHWICK, R. H.

Use of foreign protein in treatment of peripheral vascular diseases; results of intravenous injections of typhoid vaccine. Tr. Sect. Surg., General & Abd., A. M. A., pp. 61-78, '28.

## BALCH, F. G.

Certified milk in Honolulu. New England J. Med. 201: 273-274, Aug. 8, '29.

# BALCH, F. G., BIGELOW, G. H. and GREENOUGH, R. B.

Report of graduate course in cancer. New England J. Med. 201: 165-166, July 25, '29.

## LUND, C. C. and BENEDICT, E. B.

Influence of thyroid gland on action of morphine. New England J. Med. 201: 345-353, Aug. 22, '29.

#### DAVIS, I

Neurological surgery. Am. Mercury 17: 191-193, June '29.

# DAVIS, L. and POLLOCK, L. J.

Studies in muscle tone; resiliency of muscles in decerebrate rigidity. Am. J. Physiol. 89: 395-399, July '29.

Manometric method for determination of level of spinal subarachnoid space block. Surg. Gynec. Obst. 49: 378-379, Sept. '29.

## FITCHET, S. M.

Cleidocranial dysostosis; hereditary and familial. J. Bone & Joint Surg. 11: 838-866, Oct. '29.

## GREENOUGH, R. B.

Treatment of malignant diseases with radium and X-ray; report of committee on treatment of malignant diseases with radium and X-ray of American College of Surgeons. Surg. Gynec. Obst. 49: 247-258, Aug. '29.

# EWING, J., GREENOUGH, R. B. and GERSTER, J. C. A.

Medical service available for cancer patients in United States; suggestions for its improvement. J. A. M. A. 93: 165-169, July 20, '29.

# LELAND, G. A.

Carcinoma of mouth and lip. New England J. Med. 201: 1196-1199, Dec. 12, '29.

## McKITTRICK, L. S.

Surgical aspects of diabetes. J. Maine M. A. 20: 155-159, Oct. '29.

# MACMAHON, H. E., LAWRENCE, J. S. and MADDOCK, S. J.

Experimental obstructive cirrhosis. Am. J. Path. 5: 631-644, Nov. '29.

## MEIGS, J. V.

Adenocarcinoma of fundus of uterus; report concerning vaginal metastases of this tumor. New England J. Med. 201: 155-160, July 25, '29.

Uterine bleeding; analysis of cases seen in tumor clinic of Massachusetts General Hospital. New England J. Med. 201: 525-530, Sept. 12, '29.

## MILLER, R. H. and ROGERS, H.

Postoperative embolism and phlebitis. J. A. M. A. 93: 1452-1456, Nov. 9, '29.

# ROGERS, H. and MILLER, R. H.

Surgical diverticulitis. New England J. Med. 201: 162-165, July 25, '29.

RICHARDSON, E. P.

Hernia through esophageal orifice of diaphragm. Tr. South. S. A. 41: 14-31, '28; also Surg. Gynec. Obst. 49: 129-137, Aug. '29.

RICHARDSON, E. P., AUB, J. C. and BAUER, W.

Parathyroidectomy in osteomalacia. Ann. Surg. 90: 730-741, Oct. '29.

LAWSON, G. M. and SMITHWICK, R. H.

Gonorrhoeal infection of abdominal wounds following laparotomy. Ann. Surg. 90: 243-246, Aug. '29.

SOWLES, H. K.

Acute yellow atrophy; incidence of disease and report of case. New England J. Med. 201: 265-268, Aug. 8, '29.

WHITE, I. C

Angina pectoris; relief of pain by paravertebral alcohol block of upper dorsal sympathetic rami. Arch. Neurol. & Psychiat. 22: 302-312, Aug. '29.

WHITTEMORE; WYMAN

Treatment of chronic broncho-pulmonary suppurative lesions limited to one lobe of lung. J. Michigan M. Soc. 28: 497-499, July '29.

YOUNG, E. L., Jr

Industrial hernia. New England J. Med. 201: 720-722, Oct. 10, '29.

## ORTHOPEDIC DEPARTMENT

SWAIM, L. T.

Chronic arthritis; further metabolism studies. J. A. M. A. 93: 259-263, July 27, '29.

SWAIM, L. T. and KUHNS, J.

Prevention of deformities in chronic arthritis; upper extremity. J. A. M. A. 93: 1853-1856, Dec. 14, '29.

VAN GORDER, G. W.

High vein ligation in thrombo-angiitis obliterans; report of 9 cases. Ann. Surg. 90: 88-105, July '29.

WILSON, P. D.

Modern treatment of fractures. J. Missouri M. A. 26: 533-539, Nov. 29.

WILSON, P. D. and others.

Thirty-eighth report of progress in orthopedic surgery. Arch. Surg. 19: 154-168, July '29.

Thirty-ninth report of progress in orthopedic surgery. Arch. Surg. 19: 752-770, Oct. '29.

## UROLOGY

PEIRSON, E. L., Jr. and BARNEY, J. D.

End results of operations for nephroptosis and aberrant renal vessels. New England J. Med. 201: 568-574, Sept. 19, '29.

COLBY, F. H.

Melanotic sarcoma of penis; report of case. New England J. Med. 201: 924, Nov. 7, '29.

SMITH, G. G.

Total perinal prostatectomy for cancer. J. Urol. 22: 377-396, Oct. '29.

## OBSTETRICAL DEPARTMENT

JACKSON, D. L.

Induction of labor by rupture of membranes and administration of pituitary extract. Am. J. Surg. 7: 390-393, Sept. '29.

KELLOGG, F. S.

Puerperal inversion of uterus; classification for treatment. Am. J. Obst. & Gynec. 18: 815-817, Dec. '29.

# CHILDREN'S MEDICAL DEPARTMENT

GARLAND, J.

Epidermolysis bullosa; report of case with lesion present at birth. J. A. M. A. 93: 918-919, Sept. 21, '29.

## DERMATOLOGICAL DEPARTMENT

LANE, C. G.

General practitioner and his work. New England J. Med. 201: 353-361, Aug. 22, '29.

## NEUROLOGICAL DEPARTMENT

PECK, M. W.

Psychoanalysis. Occup. Therapy 8: 177-184, June '29.

Nature and treatment of the neuroses, M. J. & Rec. 130: 386-389, Oct. 2, '29.

VIETS, H. R.

Jenner's home at Berkeley. Bull. M. Library A. 18: 41-45, July '29.

VIETS, H. R. and WATTS, J. W.

Aseptic (lymphocytic) meningitis. J. A. M. A. 93: 1553-1555, Nov. 16, '29.

## PATHOLOGICAL DEPARTMENT

KING, M. J.

Experimental studies with B. C. G. vaccine. Cornell Vet. 19: 96-104, April '29.

Brucella abortus infection of milk. New England J. Med. 201: 918-923, Nov. 7, '29.

KING, M. J. and CALDWELL, D. W.

Brucella abortus in milk supply as source of agglutinins in human sera. Am. J. M. Sc. 178: 115-121, July '29.

## ROENTGENOLOGICAL DEPARTMENT

HOLMES, G. W.

Roentgen observations in massive atelectasis and postoperative pneumonia. J. A. M. A. 93: 100, July 13, '29.

# **CONSULTANTS**

FOLIN, O. and MALMROS, H.

Improved form of Folin's micro method for blood sugar determinations. J. Biol. Chem. 83: 115-120, July '29.

Blood sugar and fermentable blood sugar as determined by different methods. J. Biol. Chem. 83: 121-127, July '29.

FOLIN, O. and MARENZI, A. D.

Tyrosine and tryptophane determinations in one-tenth gram of protein. J. Biol. Chem. 83: 89-102, July '29.

Improved colorimetric method for determination of cystine in proteins. J. Biol. Chem. 83: 103-108, July '29.

IRVING, F. C.

Treatment of eclampsia. M. Clin. North America 13: 221-228, July '29.

JONES, D. F.

End results of radical operations for carcinoma of rectum. Ann. Surg. 90: 675-691, Oct. '29.

KAZANJIAN, V. H.

Tumors of mouth and jaws. New England J. Med. 201: 1200-1201, Dec. 12, '29.

LEE, R. I.

Treatment of pernicious anemia, especially by liver. New England J. Med. 200: 1324-1328, June 27, '29.

Oedema. New England J. Med. 201: 941-944, Nov. 7, '29.

MINOT, G. R.

Non-fatal case stimulating acute leukemia with anemia and thrombopenic purpura. M. Clin. North America 13: 1-9, July '29.

Some fundamental clinical aspects of deficiencies. Ann. Int. Med. 3: 216-229, Sept. '29.

SHATTUCK, G. C.

Annual discourse; interdependence of tropical medicine and general medicine. New England J. Med. 200: 1229-1235, June 13, '29.



VOL. III, NO. 2

AUTUMN 1930

# **HOSPITAL NOTES**

On October 1 a joint meeting of the New England District of the American Association of Hospital Social Workers and the Social Service Department of the Massachusetts General Hospital was held at the Hospital, in the Out Patient Building. In the afternoon, Dr. Richard C. Cabot spoke on "The Future of Hospital Social Work." In the evening, the same groups met at the Moseley Memorial Building. The speakers were Miss Katherine Hardwick, Director of Simmons College School of Social Work; Dr. J. H. Means, Chief of Medical Services, Massachusetts General Hospital; and Dr. George H. Bigelow, Commissioner, State Department of Public Health. Dr. Richard C. Cabot presided.

26326

The new Baker Memorial continues to serve the function for which it was designed. A clinical laboratory has been opened on the second floor, in charge of Dr. Francis T. Hunter, and a Social Service office has been established under Miss Barbour. The average number of beds used is about 100, filling a little more than four floors of the hospital.

200

An interesting note on the Hospital was published in the Bulletin of the Harvard Medical School Alumni Association for November, 1929, written by Dr. William B. Breed. In addition, attention should be called to two articles in The Modern Hospital for July, 1930; one is by Dr. Frederic A. Washburn, entitled, "The Care of People of Moderate Means in Time of Illness"; and the other is by Dr. J. B. Howland, an intern on the West Surgical Service in 1897 and now Superintendent, Peter Bent Brigham Hospital, Boston, on "Further Comments on Hospital Care for People of Limited Means."

200

An article of great interest to the Massachusetts General Hospital is that by Dr. Howard B. Sprague on "Early Cardiology at the Massachusetts General Hospital," published in the Bulletin of the Harvard Medical School Alumni Association for April, 1930. The article is illustrated by a number of pictures of early stethoscopes.

200

The position of Resident in Neurosurgery was created April 17, 1930.

200

The name of the Consultation Clinic has been changed to the Pay Diagnostic Clinic for People of Moderate Means.

200

Among the autumn books there are a number which have distinct Massachusetts General Hospital interest. The first of these is "The Medical Career: The Ideals, Opportunities, and Difficulties of the Medical Profession," by Dr. Harvey Cushing, Hanover, N. H., 1930. This is an address given by Dr. Cushing in 1928 at Dartmouth College.

Four of Dr. Francis W. Peabody's most important papers of general interest, have been published in book form by the Macmillan Company, 1930, in a volume entitled, "Doctor and Patient: Papers on the Relationship of the Physician to Men and Institutions." These papers have been printed elsewhere but are now collected in a convenient small volume. Dr. Peabody was a medical intern in the hospital, 1907-08.

"A Brief History of Medicine in Massachusetts," by Dr. Henry R. Viets, Houghton Mifflin Company, 1930, contains considerable material in regard to the early days of the Massachusetts General Hospital. A complete chapter is given to the discovery of ether anesthesia.

2626

The "Dictionary of American Biography," Scribner's, edited by Dr. Allen Johnson, is appearing at the rate of one or two volumes a year. The first volume was published in 1928; in it will be found brief biographies of many physicians who have been connected with the Massachusetts General Hospital.



Editorial Office

Massachusetts General Hospital

BOSTON, MASS.

HENRY R. VIETS, M.D., Editor

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# **MUSHROOMS**

A good many years ago, perhaps in the early '90's, a certain variety of edible mushrooms used to grow within the Hospital grounds, presumably between Ward E and the Charles Street fence. Just who made this delightful discovery it is impossible to state, but it is known that Dr. Samuel J. Mixter, then serving on the Surgical Staff, used to arrive home after his morning visits at the Hospital bringing a goodly number of these delectable treasures, which he and his family later enjoyed. Of course news of this "hunting ground" was kept perfectly quiet; but in spite of that some of the nurses made a discovery, and it transpired that a few night nurses, going off duty, acquired the habit of returning to their rooms in "The Thayer" by this route, gathering dainty morsels as they went. Dr. Mixter became wise to the fact that an "early bird" was getting in ahead of him. Accordingly, he armed himself with an ordinary table-knife (not to kill the "bird"), carrying it in his pocket as he made his rounds. Later, as he walked over the grass in the vicinity of Charles Street in a very thoughtful attitude, doubtless pondering over some perplexing case(?), he carefully watched for—mushrooms. He became so expert that he could discover them when they had barely appeared above the surface of the ground, and digging them up with the aforementioned tool he carried them home in special triumph.

But eventually a rival appeared in the form of Dr. Maurice H. Richardson, who also became an expert at this sport and regaled *his* family table with M.G.H. mushrooms. It is not recorded whether the two "pickers" ever met on the field, but if they did, those who knew them best can well imagine what happened.

Years have passed since those days, and if mushrooms still grow on the Hospital grounds, it is only that "early bird" who gets them."

G .W. M.

# LINDA A. J. RICHARDS\*

The announcement a few weeks since of the death of the first American trained nurse must have been a surprise to many of Miss Richards' old friends who had long lost sight of her. But it must also have been a consolation to them to have heard that at the last she had been cared for in the New England Hospital for Women and Children where she received her training and where she was once the superintendent.

Few now living can remember the brave start of that little training school which has the proud distinction of having given the earliest American diploma to America's most famous nurse. Nor are there many left who can remember the starting by Miss Richards of the great Boston nursing schools, first at the Massachusetts General and then at the City Hospital,

now more than half a century ago.

The present generation can hardly imagine the obstacles which this great pioneer nurse had to surmount. And yet the bare outline of her many and varied services for the relief of suffering humanity will always evoke wonder that any one woman could have done so much. If only to have started many of our now famous hospital and asylum training schools, or if only to have established the profession of nursing in Japan, either service would have been quite enough for her lasting honor. But how little did Linda Richards care for fame! Only after long persuasion would she assent to the publication of her modest "Reminiscences," which if it may now be told were woven out of letters she wrote in answer to our special questions about her lifework.

If any complete story of her life shall ever be written, the comparison will at once suggest itself between the first American and the first English trained nurse. They knew and admired each other. In introducing Miss Richards to the Matron of the Edinburgh Royal Infirmary, Miss Nightingale wrote of her: "I have seldom seen anyone who struck me as so admirable. I think we have as much to learn from her as she has from us." And years afterwards Miss Richards wrote: "Many and varied blessings have come to me but never one greater than the privilege of having known Florence Nightingale."

Unlike as these two women were in their education, in their inheritance and social position and in popular renown, yet in what is of vastly greater importance they were much alike. Both of them were "born nurses," that is, from early girlhood each found her greatest delight in helping the helpless; and yet while they both longed for training as nurses, not until they were in their thirties was the way open for either of them. And then each within a few months' time absorbed in full all of the art of nursing that had been accumulating during preceding centuries.

Miss Nightingale found her teachers at Bruges and Kaiserswerth. Miss Richards found hers in Roxbury, where Doctor Zakrzweska (who had been a famous nurse in Berlin before she became an equally famous physician) had been teaching obstetric nursing for several years before Doctor Susan Dimock, returning from visits at Kaiserswerth and St. Thomas's, joined her in starting America's first training school. This was in 1872—a memorable year for American nurses.

The art of nursing like every other art can be learned only from masters of it. And without doubt Linda Richards still had much to learn when immediately after her graduation she

<sup>\*</sup>The main facts of the above story were kindly supplied by Dr. William Jason Mixter.

<sup>\*</sup>Born, Potsdam, N. Y., July 27, 1841. Died, Boston, Mass., April 16, 1930.

became the night superintendent of nurses at the Bellevue Hospital. But in that training school, which was then only just beginning, there was more opportunity for her to teach the art of nursing than there was to learn anything more of it, for Sister Helen who was then in charge was herself not a trained nurse. In fact she indignantly disclaimed any knowledge of nursing, as for instance when asked by a young nurse how to make a poultice.

Linda Richards' great gain from her year in New York was thus not in the art of nursing but in the quite distinct art of hospital management, of which Sister Helen was a pastmaster. And it was fortunate that Miss Richards had had this experience before undertaking the establishment of the Boston training schools. More especially was this true in the case of the Boston City Hospital where she became Matron as

well as Superintendent of Nurses.

Only those who remember the surgeons and physicians of the Massachusetts General staff, and their hostility to nursing schools, can appreciate the victory Linda Richards won in that ultraconservative institution. Take it all in all that was her most remarkable achievement. For in starting the Boston City Hospital training school she had the encouragement of the Resident Physician, Dr. Edward Cowles, wno led his profession in promoting the advance of trained nursing. Moreover, besides her previous experience at the Massachusetts General\*, she then had had the immense advantage of a half year in several famous British hospitals, under the coaching of Miss Nightingale and that of her favorite disciples. She was the apt pupil of these great Matrons. Already an accomplished nurse, she now became an equally great teacher of nursing.

After her return from Europe could Miss Richards only have had a half year's rest, before undertaking the City Hospital matronship, she might perhaps have escaped the physical breakdown which came within six months and lasted two full years. In the previous seven years, since she began her training, she had not learned that there ever could be any limit to her own superb strength. And in fact no one in those days seemed to know that neither nurse nor matron can work nights as

well as days without rest and recreation.

Hard for her as this period of invalidism must have been it is easy to believe that it was not without its special value in the development of her character. Her marvelous patience and sympathy as well as her solicitude for the health and comfort of her pupil-nurses, were no doubt enhanced by this experience. And here again may be seen a remarkable parallelism to what befell England's greatest nurse after her tremendous activity in the Crimaea. But here the resemblance of their careers would seem to end, for while Miss Nightingale's influence in directing the advance of trained nursing was afterwards exerted from behind the shelter of her supposed invalidism, Miss Richards, on the other hand, for the next thirty years in one hospital after another was either starting or reviving training schools in which her influence is still their inspiration.

The matronship of the Boston City Hospital awaited her recovery. And there within the three following years she brought that training school up into first rank. Those of us who remember her there will not need to be reminded of her poise, her intimate knowledge of every patient's needs, her hearty cooperation in every reform. And, be it noted,

those were years of revolutionary changes for both nurses and doctors. But not for several years after Miss Richards had seen the wonderful success of Lister's antiseptic surgery in Edinburgh was there in Boston anything more than feeble imitation of his methods. If by chance there then was a case of healing "by first intention," as wounds are all expected to heal nowadays, such a case would be put on exhibition. The nursing therefore was then far harder, when pus leaked through every dressing, when appendicitis, as yet unnamed, meant death from peritonitis, and when for the diphtheria patient there was neither antitoxin nor possible intubation.

Before any of the staff had faith in the germ origin of disease, and in fact before asepsis was conceived, Linda Richards, knowing the therapeutic value of fresh air and soap-and-water cleanliness, taught it and required it. But her still greater service was in sharing with her nurses her own inspiration. Nursing as she always believed was a high calling. And in such employment of her own motherliness she recognized her privilege of serving her Lord and Master. Under her governance the hospital offered to incoming patients better chances for recovery or, that being impossible, a far better place for their departure from this world.

It was therefore quite in the line of her life-purpose that she undertook missionary service in Japan. She was at the acme of her powers, and had fairly earned highest rank in her profession, when she left friends and country in order to demonstrate practical Christianity in a non-Christian land. She counted neither the sacrifice of salary and material comforts nor the difficulty of learning a foreign language and strangely different customs. No danger did she fear, no future hardships fazed her. In fact she always was ready and even eager to move into entirely new fields of service. She never outgrew her youthful enthusiasms. For her the future was ever alluring.

Probably her five years in Japan were her happiest years. There she could build up from the very bottom, and in accordance with her own ideals, a nursing organization that would serve as a model for that newly awakened nation. What Florence Nightingale did for England Linda Richards did for Japan. Fortunately for her there was at first no hospital there, in need of reform. In her own little home with only an occasional patient to care for she began her training school. How like that was to the beginning of the Kaiserswerth School in Fliedner's little garden-house not quite half a century earlier! And what a lesson it was for her young pupil-nurses when she herself by washing out a baby's eyes every twenty minutes all night long saved its sight! No wonder is it that she won public support for the proposed training school and hospital.

A call for some different service was always for Linda Richards a signal that where she then was serving she had accomplished her mission. She was not worldly wise. Again and again after bringing order out of chaos she left for her successor a berth which she had made comfortable, in order to undertake amid all sorts of discomforts what to others seemed to be a far less important work. This was from no instability of character but rather from unswerving devotion to her ideal of Christian service. Never regardful of possible promotion, her only question was as to where she was needed

During the five years of her absence from this country Linda Richards lost her leadership in the development of American nursing. Just as the British nurses, in organizing their

<sup>\*</sup>Superintendent of the Training School for Nurses, Massachusetts General Hospital, 1874-1877.

new profession, forsook their former chief, so the new leaders of trained nurses in America were quite content that Miss Richards henceforth should remain in the inconspicuous background. They seemed to sense her lack of sympathy with their purposes. And just as Miss Nightingale's strenuous opposition to the governmental examination and registration of nurses was ineffective, equally so was Miss Richards' silent dissent in the new requirements of the State and National organizations of nurses. Her forte was in exemplifying her ideals of nursing, not in public pleading for their adoption, and controversy was entirely foreign to her nature. But no greater mistake could be made than to ascribe her preference for the line of least resistance to any weakness of character. Her complaisance was only the perfect fruit of her innate courteous consideration of those with whom she differed.

Quite in accordance with her ideals of nursing Miss Richards' first service after her return from Japan was for the Philadelphia Visiting Nurses Society. That was long before there was general recognition in this country of any need for special training in this kind of nursing or admission that such training should be included in a training school's curriculum. The belief was then maintained that training in the wards of a hospital was fully sufficient training for all kinds of outside nursing. But Linda Richards knew better. From her own experience as a pupil-nurse she knew the educational value of service in the homes of her patients. Moreover, in her Japanese School she had made such outside service an essential part of the training.

Unfortunately for the advancement of visiting nursing service, and to her own great disappointment, Miss Richards soon found herself unable to trudge through the city streets in keeping track of her nurses' work. And still other disappointments were in store for her, first at the Kirkbride Asylum where she found the conditions not yet favorable for a training school, and then at the Methodist Episcopal Hospital where, in spite of congenial environment, her health and strength proved to be insufficient. It would seem as if the climate there was too much for her were it not for a second trial of it a few years later as Superintendent of the Training School of the University of Pennsylvania Hospital where she completed the two years to which she now tried to limit her engagements.

Including these positions held in Philadelphia, Miss Richards in her twenty years of active service after her return from Japan was the superintendent of ten different training schools. Her most distinguished service was in establishing such schools in the Taunton, Worcester and Kalamazoo Hospitals for the Insane. She was thus occupied during the last twelve years before her retirement in 1911.

Forty years earlier, before there was any training school in this country, Linda Richards had served for a few months as an untrained nurse in the Boston City Hospital amid discouragements now almost inconceivable. A few years later to her was given the redemption of that hospital, a task not unlike that given to Agnes Jones in the Liverpool Workhouse Infirmary, which has been immortalized in Florence Nightingale's "Una among the Lions."

For some years after her retirement from active service Miss Richards kept in touch with her old comrades, cheering them on in the work to which she had devoted her life. Of the many matrons and superintendents she herself had trained, only very few survived her. In the advance of the science of nursing she had been left far behind; but in the art of nurs-

ing she never lost her preeminence. On the rare occasions when in spite of her feebleness she appeared in public, as for example at the fiftieth anniversary of her own graduation and, a few years later, of the establishment of the Massachusetts General Hospital Training School, she must have seemed to the present generation almost as a wraith from out of the remote past. Nor is it any wonder that before her death she had been almost completely forgotten by those who many years earlier had heard of her absolute helplessness. And yet in spite of the blindness and the paralysis of her wasted body, not until her brave spirit was about to leave us was there any lessening of her loving thoughtfulness for others.—Alfred Worcester, M.D.

New England Jour. of Med., May 29, 1930.



# STAFF APPOINTMENTS

MR. REGINALD GRAY, Secretary of the Board of Trustees, April 2, 1930.

DR. MORGAN J. RHEES, Fourth Assistant Director, July 1, 1930.

DR. JAMES R. LINGLEY, Third Resident Roentgenologist, Aug. 1, 1930. DR. CHARLES L. SWAN, JR., Assistant in Surgery, April 4, 1930. DR. O. R. JOHNSON, Resident, Department of Dermatology and

Syphilis, Sept. 1, 1930. DR. GEORGE S. SPEARE, Assistant in Surgery, April 4, 1930.

DR. WILFRED BLOOMBERG, Resident, Neurological Service, July 1, 1930.

 DR. PAUL D. CAMP, JR., Dalton Scholar and Research Fellow in Medicine, April 17, 1930.
 DR. PIERRE STRIKER, Maurice Howe Richardson Fellow in Surgery,

April 17, 1930. DR. RALPH W. DAFFINEE, Resident Physician, Children's Medical

Service, Sept. 1, 1930. DR. RICHARD H. WALLACE, Resident Surgeon, East Surgical Service,

May 12, 1930. DR. JAMES E. FISH, Assistant Resident, East Surgical Service, June 1,

1930. DR. E. ROSS MINTZ, Resident, Urological Service, July 1, 1930.

DR. RICHARD H. SWEET, Assistant in Surgery, June 13, 1930.

DR. ERNEST M. DALAND, Chief of Service, Surgical Out Patient Department, May 29, 1930.
 DR. THOMAS V. URMY, Assistant in Medicine, June 13, 1930.

DR. JOHN H. GIBBON, Research Fellow in Surgery, June 27, 1930.

DR. HORACE GREELEY, JR., Resident Surgeon, The Baker Memorial, July 10, 1930.

DR. PERRY C. BAIRD, JR., Resident Physician, Sept. 1, 1930.

DR. CHARLES L. SHORT, Resident Physician, Sept. 1, 1930. DR. GILES W. THOMAS, Resident Physician, Sept. 1, 1930.

DR. WILLIAM C. MARTIN, Assistant Roentgenologist, Sept. 1, 1930.

## 200

# MEDICAL HOUSE OFFICERS

MORTON M. PINCKNEY	July 1, 1930
ASHTON GRAYBIEL	July 1, 1930
ALFRED O. LUDWIG	October 1, 1930
JAMES A. HALSTED	October 1, 1930
ALFRED KRANES	January 1, 1931
HUGH MONTGOMERY	· January 1, 1931
AUSTIN M. BRUES	April 1, 1931
BRIANT L. DECKER	April 1, 1931

## SURGICAL HOUSE OFFICERS

CLIFFORD C. FRANSEEN JOHN L. NEWELL DAVID W. WALLWORK HARRY M. SPENCE RICHARD COLLINS, JR. LOGAN H. ROOTS	July 1, 1930 July 1, 1930 October 1, 1930 October 1, 1930 January 1, 1931 January 1, 1931
BENJAMIN S. WOOD WILLIAM H. SNYDER, JR.	April 1, 1931 April 1, 1931 April 1, 1931

## ORTHOPEDIC HOUSE OFFICERS

ERNEST E. MYERS

March 1, 1931

# CHILDREN'S MEDICAL HOUSE OFFICERS

BRIANT L. DECKER

July 1, 1930

# BAKER MEMORIAL HOUSE OFFICERS

RICHARD COLLINS, JR., House Officer, The Baker Memorial, May 1, 1930 to Nov. 1, 1930.

BENJAMIN S. WOOD, House Officer, The Baker Memorial, May 1, 1930 to Nov. 1, 1930.

2000

# **PUBLICATIONS BY MEMBERS OF THE** STAFF

# MEDICAL DEPARTMENT

BAUER, W., ALBRIGHT, F. and AUB, J. C.

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Range of effective iodine dosage in exophthalmic goiter; effect on basal metabolism of rest and of daily administration of one drop of compound solution of iodine. Arch. Int. Med. 45: 261-281 Feb. '30. THOMPSON, W. O., BRAILEY, A. G. and COHEN, A. C.

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Myxedema during administration of iodin in exophthalmic goiter. Am. J. M. Sc. 179: 733-750, June '30.

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## SURGICAL DEPARTMENT

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BENEDICT, E. B., PUTNAM, T. J. and TEEL, H. M.

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# ORTHOPEDIC DEPARTMENT

ROGERS, W. A.

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## UROLOGICAL DEPARTMENT

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## OBSTETRICAL DEPARTMENT

ROCK, J.

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# NEUROLOGICAL DEPARTMENT

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## ROENTGENOLOGICAL DEPARTMENT

DRESSER, R.

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# CHILDREN'S MEDICAL DEPARTMENT

IHGGINS, H. I., and BATES, V.

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## DENTAL DEPARTMENT

CECIL, R. L. and MINER, L. M. S.

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# **CONSULTANTS**

FOLIN, O.

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# CLINICAL MEETINGS OF THE STAFF

April 17, 1930.

- 1. An unusual surgical problem.
- 2. An interesting medical case.
- 3. Unusual manifestations of rheumatic disease.

DR. ROBERT F. LOEB, New York City.

May 8, 1930.

- Presentation of interesting cases.
- 2. The nature of obesity.

DR. L. H. NEWBURGH, Ann Arbor, Michigan.



## RESIGNATIONS

MR. FRANCIS C. GRAY, Secretary of the Board of Trustees, April 2, 1930.

DR. RICHARD H. SWEET, Resident Surgeon, April 17, 1930.

DR. MYRON A. STRAMMER, Assistant, Orthopedic Department, June 13, 1930.

2000

# STAFF AND ALUMNI NECROLOGY

FREEMAN ALLEN, Died May 3, 1930; Consulting Anesthetist, 1903; Anesthetist, 1911; Chief of the Department of Anesthesia, 1912; Anesthetist, 1928.

I., G. NEAD, Died June 26, 1930; Asst. Physician to Out Patient Department, 1909; Physician to Out Patient Department, 1912; Resigned August 8, 1919; Graduate House Officer, Eye and Ear Infirmary.



VOL. IV, NO. 1 SPRING 1931

# HOSPITAL NOTES

A meeting of the Trustees of the Hospital and the Staff was held on March 18, 1931. A report was made in regard to the Baker Memorial Hospital and also a statement about the proposed George Robert White Memorial Building. Plans were considered for the erection of a single large building to replace the lower wards of the hospital and to furnish new X-ray and operating departments, and a staff dining room. The report was a preliminary one as final plans have not been made.

The Hospital announced on March 16, 1931 that urine specimens for the pregnancy test could be sent to the laboratory and would be reported upon within a week or, in cases of emergency, within 48 hours, or sooner. The test will be made in Dr. Fuller Albright's laboratory. Special cards have been printed and mailing containers are available for physicians who wish to use the Hospital laboratory for this test.

The graduating exercises of the Training School for Nurses were held at the Moseley Memorial Building, February 6, 1931. An address was given by Mrs. Eva Whiting White, president of the Women's Educational and Industrial Union and Head Resident of the Elizabeth Peabody House.

At a meeting of the Board of Trustees held on February 4, 1931 it was voted to name the nurses' home Walcott House and to place therein a bas relief of Dr. Walcott presented to the Hospital by Mr. Robert T. Jackson.

At the same meeting of the Board of Trustees the following resolutions on the death of Mr. Hunnewell were adopted:

"The Trustees of the Massachusetts General Hospital desiring to honor the memory of the late Henry S. Hunnewell wish to have spread upon their records the following:

"By the recent death of Henry S. Hunnewell, the Massachusetts General Hospital has lost one of its friends of long standing. He served as a member of the Corporation from 1904-1931, holding the offices of trustee from 1904 to 1914, and Vice-President from 1923 to 1931, and he had agreed, to the very sincere satisfaction of the Board of Trustees, to accept the Presidency at the next annual meeting in February. As an architect, he had planned and supervised the construction of two of the most important and, on account of his design, two of the most useful buildings at the McLean Hospital at Waverley. Besides these services, Mr. Hunnewell, for many years, had, whenever called upon, given with the greatest generosity to all the Hospital's needs. His successors, as trustees, desire to put upon their records that he was one of those few men who, in every generation, have made it possible for the Massachusetts General Hospital to accomplish the public purposes for which it was founded.

"The trustees wish to express their deepest sympathy to all the members of his family for the great loss they have suffered."

The Tumor Clinic of the Hospital has had a rapid growth. All cases for diagnosis are referred to it from the House and the Out-Patient Department. Special departments have been developed as follows:

Tumors of the kidney, bladder, prostate, testicle and penis, under the G. U. Service.

Tumors of the uterus, ovary, vagina, and vulva, under the Gynecological Service.

Tumors of the nasal passages, pharnyx, larynx and oesophagus, under the Nose and Throat Service.

Leukaemia and lymphoma, under the Medical Service.

Tumors of the skin, melanoma, melano-sarcoma, angioma, endothelioma and sarcoma, and cancer of the colon and rectum, under the General Service of the Tumor Clinic.

Bone tumors are under the care of Dr. Channing Simmons.

200

The first Maurice Howe Richardson Fellow, Dr. Pierre Striker, was appointed April 17, 1930. He was followed by Dr. A. Simpson-Smith, appointed January 23, 1931.



Editorial Office

Massachusetts General Hospital

BOSTON, MASS.

HENRY R. VIETS, M.D., Editor

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WILLIAM B. BREED, M.D. JOSEPH GARLAND, M.D. CHESTER M. JONES, M.D. EDWARD P. RICHARDSON, M.D.

## THE BAKER MEMORIAL

Readers may be interested in some of the little refinements at the Baker Memorial. At each bed is a radio outlet with head piece so that the patient may listen to his own enjoyment, without disturbing others. There is the choice of two programs from 8.30 in the morning to 10.00 in the evening. The hospital maintains an excellent library for the use of its patients. Books of fiction, travel, biography, history and even more abstruse subjects in several languages are contained in it. The library is kept up-to-date by the purchase of the worth-while new books as they are published. It is also helped by gifts from patients. Three times a week the librarian or her assistant visits the patients who are able to see her and wish to do so and with her is a cart containing a judicious selection of volumes. The young women are cheerful, sympathetic and attractive; they know books and how to select them to please those patients who do not care to select for themselves. In the ten months that the building has been open 8000 volumes have been loaned to patients.

There is a special room for the care of flowers upon each floor and these are kept in good condition by volunteers and maids. Each floor has an attractive waiting room for visitors. There is a room for hair dressing, manicuring and chiropody. There is a floor secretary who welcomes visitors, answers telephones, and relieves the head nurse of much clerical work. If the floor unit is large enough so that the cost is well distributed and the number of floors of small capacity not unduly multiplied, one can have such officers as floor secretaries and dietitians at meal times who greatly increase efficiency without increasing the cost too much. Our typical floor has thirty-eight beds. Each patient able to have callers is visited by an administrative officer, doctor or nurse, several times during his stay at the hospital. This is a friendly call but it gives the patient opportunity to confide any of his difficulties or troubles, if he has any, to those whose business it is to find a remedy for them.

At first thought one might think that there was little need for a social service worker amongst this group of intelligent, self-reliant people. We have one such officer and as the number of patients increases we shall need more. She has been of great use. One of her main activities has been in the placing of patients who need further treatment in a nursing home either for convalescent care or for the continued care needed by chronic or incurable illness. She maintains a list of such of these places as meet with our approval. She has visited them all, knows what each does best, their cost, and all about them. This is of great value to the families of the patients. When the patient goes home she can arrange for a visiting nurse or hourly nursing when that is required. If it is necessary for a child to be cared for or placed while the mother is a patient in the hospital, the social worker knows how and where this can be done. These are but examples of the many ways a social worker can help. The patient and families are usually of a grade of intelligence where they can make a wise decision when once they are provided with the information.

F. A. W.

2030

To the Editor:

Your short article headed "Mushrooms" relating Dr. Samuel J. Mixter's habit of hunting these on the hospital grounds recalls to the writer his services as an interne under Dr. Mixter during which time, in the mushroom season, it was his duty not only to look after the surgical cases on Dr. Mixter's service, but also at the proper time to be equipped with a good-sized paper bag and a kitchen knife to be used in the "Yard Visit." I recall distinctly that it was not necessary for the mushrooms to appear on the surface for Dr. Mixter to locate them, but that it was his custom always to wear "sneakers" while collecting mushrooms and that with these thin, flexible soles, his foot touch was so delicate that he could detect them while some distance below the surface of the ground.

I do not recall that his rival, Dr. Maurice Richardson, whom you mention, was ever met in the yard on our mushroom hunts. One reason may be that they were not on service at the same time of the year.

J. B. HOWLAND, West Surg., '97.

December 8, 1930.

3636

A Mental Hygiene Clinic has been developed in the Out-Patient Department by the members of the Neurological Service and of the McLean Hospital Staff. At present, the following personnel are working in the Clinic: Dr. Kenneth J. Tillotson, George E. Gardner, Ph.D., Dr. Ronald H. Kettle, Dr. Lionel M. Ives, Dr. D. Stanton Garfield, Dr. John Murray, Dr. Marianna Taylor, L. Eugene Emerson, Ph.D., and Austin P. Guiles, B.D. The social service work is under the direction of Miss Sarah P. Evarts, who is assisted by Miss Beatrice M. Gosling and Miss Ruth Cabot. The following note on the Clinic, by Dr. Tillotson, is taken from the Monthly Bulletin, published by the Massachusetts Society for Mental Hygiene, January-February, 1931:

Following a brief reorganization period at the McLean Hospital in 1930, a Mental Hygiene Clinic was started at the Massachusetts General Hospital, under the direction of the Superintendent of McLean. Although this clinic had its inception in the middle of September, 1930, it has developed rapidly. This bears out the belief of many that there is a

definite need for such a clinic in every large general hospital out-patient department to meet the needs of a large number of psychoneurotic cases, as well as child guidance, maladjustment, and even frankly psychotic cases.

It is a significant trend in modern psychiatry which is leading to the establishment of clinics in general hospitals. This is undoubtedly psychiatry's opportunity to demonstrate the part it can play in preventive medicine. In such a clinic the treatment of psychoneurotics, and of incipient psychoses, such as mild depressions, hypomanic states, early schizophrenia, general paresis, and other forms of mental disorder in which hospital treatment is not indicated, can be carried on. Unquestionably a large percentage of patients with these disorders are readjusted and stabilized sufficiently so that they may never need to go to a mental hospital. The services of the psychiatrist at the Massachusetts General Hospital have not been limited to the clinic work, but have been extended to include a great deal of psychiatric consultation work on the wards throughout the hospital.

Great interest is being shown in the psychiatric aspect of general hospital patients by medical students, house officers, and the resident and visiting staffs. More and more the work of the mental hospital lies in the field of prevention which undoubtedly can best be met by the development of outpatient facilities. Similar clinics have been established in various medical centers throughout the country, where the integration of psychiatry in the general hospitals has worked out to the great advantage of all concerned in terms of a more thorough understanding of the personality problems of the patients who are physically ill as well as a more adequate handling of the real psychiatric and child guidance problems. It is well known that many types of the milder forms of mental illness and much of the mental hygiene work are coming to be more and more the work of the general hospital. There is the further factor that people with mild forms of mental illness prefer to be treated in a general hospital and will seek aid early in the development of their mental troubles by consulting a psychiatrist in a clinic located at a general hospital. The time thus saved in reaching a large number of cases early is by no means a negligible factor in the prevention of a serious psychosis or in the successful treatment of any type of mental illness. At this early date it seems only reasonable and fair to predict that in the near future a special ward will be developed at the Massachusetts General Hospital, especially adapted to the care and treatment of the milder types of mental illnesses.

At the present time the Mental Hygiene Clinic is associated with the Neurological Clinic in the Out-Patient Department, where there are rooms especially equipped to meet the beginning needs of the clinic. This space has already proved insufficient to meet the needs of both the Neurological and Mental Hygiene Clinic, and plans are being worked out so that additional space will be available. The personnel of the latter clinic consists of six psychiatrists, and one pediatrician, who is especially interested in child guidance problems, two psychologists, two psychiatric social service workers, and a clinic secretary. A feature of the new arrangement is the contact established between the staff of the McLean Hospital and that of the general hospital. On the one hand, the psychiatrist advocates the complete study of the personality of the patients, and insists that the patient has mental complexes and conflicts as well as infected tonsils, and that he has thwarted

hopes and unrealized ambitions as well as heart disease, all of which must be duly considered in any therapeutic regime that is at all complete. On the other hand, the internist is taking a greater interest in the psychiatrist's problems and is pointing to certain needs that the psychiatrist should realize more fully, namely, that the mental hospital patient should have the same thorough study as a matter of routine that every general hospital patient has from the standpoint of the internist. It is confidently expected that special laboratory workers will develop interest in many of the research problems which psychiatry has to offer, and the medical world eagerly awaits more scientific data in the multitude of problems that are found today in the field of psychiatry.

3636

# PERSONAL REMINISCENCES OF THE VISITING STAFF OF THE LATE '90'S

They were a group of distinguished men, both physicians and surgeons, such a group as is rarely to be found at the same time on any hospital staff, and I have always been proud that, after I had succeeded in breaking down the barriers of reserve which existed between them and the woman who dared to keep going even when she knew that she was not wanted, every one of them became a staunch friend. I am sure that they will forgive me if, after all these years, I indulge in a few anecdotes.

Dr. William L. Richardson was the senior member of the medical staff, and to me always seemed so absorbed in thought that I dared not venture even a morning greeting. But from far away down the stone corridor I could always hear him coming; for through pursed-up lips he silently blew a whispered tune. I finally dubbed him "the silent whistler." Through the Library to the room at the far end he went every morning to remove coat and hat and wash his hands, then back again to go to the medical wards; the silent whistle was a steady accompaniment, and his eyes always on the floor. After a long time, I dared to pierce the silence, and he proved a good friend and an excellent story teller.

It took a long time for me to really know Dr. Frederick C. Shattuck and to appreciate his dry wit, but eventually we became excellent friends. One day, he even left his little, short-legged dachshund in my charge, which I considered a compliment; but no sooner had the door closed behind the doctor than the little beast stationed himself on the threshold of the record room, where he gave vent to his hearty disapproval of the proceedings by lifting his voice in alternate howls and whines until people began to look in to see what innovation the librarian was introducing now. I never undertook that job again.

To Dr. Reginald H. Fitz I owe my introduction to medical nomenclature. It fascinated me from the very first and I still enjoy studying derivatives of medical terms and passing on to the record librarians of today something which makes their chosen work a joy.

Dr. E. G. Cutler was ever a quiet, charming gentleman, glad to stop every now and then for a pleasant chat. He was among the early specialists in diseases of heart and lungs. One summer day, at noon, just as he was ready to leave after his morning visit, he appeared at my door in great distress over the loss of a brand new palm leaf hat which someone had evidently taken in exchange for one which was not new. An exhaustive, though a vain search was immediately started,

but the result never reached my ears. It was the only time I ever saw Dr. Cutler disturbed.

Dr. W. W. Gannett was the very pink of perfection in the matter of dress. There was never a speck to be found on him anywhere and his manners were as perfect as his clothes; but one day, alas, there was a fall. The Library had a polished floor and a handsome Brussels rug covered the center. On this particular morning the floor had just received an unusually fine polish; suddenly the door burst open and Dr. Gannett rushed in, lost his footing and went down flat, his stethoscope flying out of his hand and landing at my feet. I hurried to pick it up and express my concern, but he was on his feet in a second, accepted the stethoscope without a word and went on to get his coat and hat and to brush off every last atom of dust. That afternoon good-sized rubber mats were nailed down before both library doors.

Dr. Herman F. Vickery, at that date the latest appointed member of the medical staff, was a merry gentleman with always a fund of stories at his tongue's end, and rarely did he go home without dropping in to tell me the most recent. At the end of a more or less distracting morning, I used to look forward to this unfailing bit of good cheer.

Dr. John Homans was a big man, with a big voice, and a big heart. Everybody loved him when they got used to his gruff ways. The first time I came in contact with him was in connection with a record he wanted. He appeared at the door of my office and in stentorian tones, which fairly made me jump, inquired if I could find a record for him. I said, "Certainly." Again in a big voice he said, "I don't know how you're going to do it, for all I know about her is that her name was Mary, and she had an enormous ovarian cyst,weighed about thirty pounds. I took it out some years ago; don't know just when. S'pose you can find her?" All I could do was to agree to try, and he said he would be back later in the morning. There was a catalogue of diagnoses, such as it was, but I was quite unfamiliar with it. However, I went to it, found "Cyst of Ovary," and began to hunt for a patient named Mary upon whom Dr. Homans had operated. I found several, and with their references turned to the file of records, in those days written in thin folio volumes. One of them sounded as if it might be the one, so it was laid aside and handed to Dr. Homans when he returned. I watched him rather anxiously as he read; suddenly he brought his fist down bang upon the table and said, "By gosh, this is the one." And looking me over he remarked, quite quietly, "You'll do." Dr. Homans retired from the Staff in 1899.

Dr. Charles B. Porter, dignified and courtly gentleman, had the hardest exterior of any of that group, but we finally found common ground in the care of plants. (I had a window of beautiful ones in the old Treadwell.) One story which is always connected with him is about surgical sponges as manipulated in the Dome Amphitheatre long before antisepsis, or asepsis, was ever dreamed of. Once a week sponges were prepared to last through the coming week and these were deposited in stone crocks, labelled Monday, Tuesday, Wednesday, Thursday, Friday and Saturday. No operations were allowed on Sunday except by special permission, and then only in an emergency. The crocks were covered with their stone tops and placed in a row on a shelf in the amphitheatre, the labels outward. At this same time needles were threaded with silk or gut sutures and stuck in a velvet pincushion, which hung in a place convenient for the operating surgeon. This

pincushion may still be seen in one of the glass cases in the Dome.

Dr. J. Collins Warren was my champion from the very first and used frequently, at the end of his morning, to come into the tiny record room, draw up a short-legged stool beside me and sit there and tell me happenings at the Massachusetts General Hospital in the long ago. I gradually realized that he was passing on to me things that he hoped I would some day give to the hospital family. The "ether" stories were many and I watched the feeling of controversy grow less and less, until now peace seems to reign. Long after Dr. Warren resigned from the Staff his visits to me continued, and when he was no longer able to mount the stairs to the Treadwell Library, he used to send for me to come down to Dr. Washburn's office. My one regret is that I took so few notes.

Dr. H. A. Beach always appeared on pleasant days dressed in a frock coat and high silk hat. There was a small room at the westerly end of the old Treadwell Library which was used by the Visiting Staff as a dressing room. Here the surgeons hung their outer wraps and coats and donned the white suits which asepsis now demanded. The physicians did not adopt white coats until some time later, and even medical House Pupils were not arrayed in white. On rainy days Dr. Beach used to wear a heavy ulster and a visored cloth cap pulled down tight over his head, truly a step from the sublime to the ridiculous. The first time I saw him on a rainy day I did not know him. He occasionally found me with a pile of diagnoses cards spread out all over the Library table, in the process of sorting before filing. Occasionally he remarked, "Well, Mrs. Myers, I am sorry to see that you are giving yourself over more and more to cards."

Dr. Arthur T. Cabot was nominally Librarian of the Treadwell Library, while I was assistant librarian. Naturally, we came into rather close contact, but for a long time I stood in wholesome awe of him. One day, after I had begun actual work on records, and was constantly running across words that I had never seen, or heard of, I asked him to explain something, which he very kindly did. Then I said: "I don't see how I am ever going to find out what all these things mean." He was just about to leave the room, when, turning, he waved one arm all around the Library and briefly replied: "You have books." The door closed behind him and I sat down, to "read, mark, learn and inwardly digest" those three words. Then I plunged in,-to find undreamed of treasures,—and I am still searching. During the last week of his life I carried to him a rare lily blossom, which he acknowledged in one of his gracious notes, dictated, but signed by his own hand. I still have it, carefully laid away with other Hospital treasures.

Dr. Maurice H. Richardson was a great man and with a heart as great as his own towering body, and he was a blusterer. It was one of my duties to see that the Staff signed the diplomas of graduating House Pupils, waylaying them as they passed through the Library. On one occasion I made things ready for Dr. Richardson and asked him, as he sat down, if he would please write large enough so that his name could be read. (His hand writing was tiny.) He looked at me with a twinkle in his eye and said, "I shall write exactly as I please." On that occasion it was smaller than ever. He was then Chief of the Surgical Services, and it was the last time he ever signed a diploma.

Dr. John W. Elliot was the Adonis of the Staff; tall, straight, handsome, with very dignified manner which seldom unbent. The Treadwell Library was used at that time as a consulting room for the Staff. After a busy morning physicians and surgeons alike came in to sit down and discuss cases, etc. I, meantime, by request, sat behind closed doors. But when Dr. Fitz and Dr. Elliot got into heated argument, which they frequently did, it was impossible not to hear every word that was said. I early made it a rule that nothing that reached my ears should ever pass my lips. I think I can freely confess now that I learned more about diseases and nomenclature through what I heard through that closed door than I ever did in any other way.

Dr. Francis B. Harrington will always be remembered for his genial spirit. No one ever said "Good Morning" as Dr. Harrington did. A patient of his once told me that it was worth more to her than a dose of medicine.

Dr. Samuel J. Mixter was always one of my good friends. After the Treadwell Library was moved from the Bulfinch Building to its present quarters, he came in to inspect. Standing still for his first look he said, "Well, this is a palace"; then, turning quickly to make me a low bow, "and how is the princess?

The "princess" greatly enjoyed her long term of office, and enjoys it still in retrospect.

G. W. M.

## 200

# SPECIAL CLINICS, WARD VISITS AND CONFERENCES OPEN TO PHYSICIANS VISITING THE HOSPITAL

# **MONDAY**

- 9 A. M. Anaphylactic (O.P.D. 9-12). Ovarian Dysfunction (O.P.D. 9-12). Posture (O.P.D. 9-12). Rectal (O.P.D. 9-12). X-ray Interpretation (X-ray 9-11).
- 10 A. M. Blood Diseases (X-ray 10-12). Tumor [Rectal & Surg.] (X-ray 10-12). West Surg. Rounds (Surg. Amph.).
- 11 A. M. X-ray Conference (X-ray). 4-5 P. M. X-ray Interpretation (X-ray).
- 5 P. M. Medical Staff Meeting (Med. Staff Room).

# TUESDAY

- 9 A. M. Anaphylactic (O.P.D. 9-12). Diabetic (O.P.D. 9-12). Gastro-Intestinal (O.P.D. 9-12). Infantile Paralysis (O.P.D. 9-12). Thoracic (Ether Dome 9-12).
- X-ray Interpretation (X-ray 9-11). 10 A. M. Cardiac Rounds (Cardiac Lab.). Tumor [Surg.] (X-ray 10-12).
- X-ray Conference (X-ray). 11 A. M.
- 12 Noon Surgical Staff Conf. (1st & 3rd Tues. each month, Surg. Amph.).
- Pediatrics Eye & Ear Rounds (Ward 12). 2.30 P.M.
- 4 P. M. Pediatrics Seminar (Pediatrics Lab.).
- 4-5 P. M. X-ray Interpretation (X-ray).

### WEDNESDAY

- 8 A. M. Orthoped. Wd. Rds. (Ward I).
- 9 A. M. Cardiac (O.P.D. 9-12).
  - Non-Pulmonary T.B. (O.P.D. 9-12). X-ray Interpretation (X-ray 9-11).
- 10 A. M. Tumor [G.U. & Surg.] (X-ray 10-12).
- 11 A. M. Oto-Laryng. Conference (E. & E. Infirm. 11.30-12.30).
  - Thyroid (Metabolism Lab. 11-12). X-ray Conference (X-ray).
- 12 Noon Neurolog. & Ophthal. Conference (Upper O.P.D. Amph. 12-1).

## **THURSDAY**

- 8 A. M. Circulatory Clin. Rds. (Ward F. 8-9).
- 9 A. M. Anaphylactic (O.P.D. 9-12). Cardiac (O.P.D. 9-12). Infantile Paralysis (O.P.D. 9-12). Neurol. Conference (Ether Dome 9-11). Rectal (O.P.D. 9-12). Tuberculosis (O.P.D. 9-12). X-ray Interpretation (X-ray 9-11).
- Tumor [Nose & Throat & Surg.] (X-ray 10 A. M. 10-12).
- 11 A. M. Medical Grand Rounds (Ether Dome). Ophthal. Clin.-Path. Conference (O.P.D. 11.30, 2nd Thurs. of month). X-ray Conference (X-ray).
- 12 Noon Clin.-Path. Conference (Path. Amph.).
- 4-5 P. M. X-ray Interpretation (X-ray).

## FRIDAY

- 9 A. M. Anaphylactic (O.P.D. 9-12). Diabetic (O.P.D. 9-12).
- X-ray Interpretation (X-ray 9-11). 10 A. M. Cardiac Rounds (Card. Lab.). Fracture Rounds (O.P.D. 10.30-12).
- Tumor [Skin & Surg.] (X-ray 10-12). 11 A. M. X-ray Conference (X-ray).
- 12 Noon Pediatrics Rounds (Ether Dome on alternate weeks).
- 4-5 P. M. X-ray Interpretation (X-ray).

# SATURDAY

- 9 A. M. Circulatory (O.P.D. 9-12). Infantile Paralysis (O.P.D. 9-12). Posture (O.P.D. 9-12). Thyroid Rounds (Med. Staff Room). X-ray Interpretation (X-ray 9-11).
- 10 A. M. Tumor [Gyn. & Surg.] (X-ray 10-12).

# 200

# STAFF APPOINTMENTS

- DR. CHANNING C. SIMMONS, Chairman, Committee on Hospital Clinical Meetings, Oct. 8, 1930.
- DR. EDWARD D. CHURCHILL, Secretary, Committee on Hospital Clinical Meetings, Nov. 12, 1930.
  DR. EDWARD P. RICHARDSON, Board of Honorary Physicians and
- Surgeons, Feb. 20, 1931.
- DR. BENEDICT F. BOLAND, Assistant, Urological Department, Oct.
- DR. RICHARD CHUTE, Assistant, Urological Department, Oct. 6, 1930.
- DR. LOUIS DIENES, Bacteriologist, Oct. 3, 1930.
  DR. CHARLES C. UNGLEY, Research Fellow in Medicine, Oct. 17, 1930.

- DR. RAYMOND S. TITUS, Assistant Obstetrician, Oct. 17, 1930.
- DR. EDWIN W. SMITH, Assistant Obstetrician, Oct. 17, 1930.
- DR. OLIVER COPE, Resident Surgeon, West Surgical Service, Nov. 1,
- DR. JOHN D. STEWART, Assistant Resident, West Surgical Service, Oct. 31, 1930.
- DR. MARIANNA TAYLOR, Assistant, Neurological Department, Nov.
- DR. JAMES L. GUARDO, Assistant Resident, Neuro-Surgical Service. Nov. 28, 1930.
- DR. ROBERT R. LINTON, Assistant in Surgery, Nov. 28, 1930.
- DR. ISADORE A. FINKELSTEIN, Assistant in Medicine, Jan. 9, 1931.
- DR. HARRY B. LEVINE, Assistant in Medicine, Jan. 9, 1931. DR. RALPH B. MILLER, Resident, X-ray Department, July 1, 1931.
- DR. DORIS KENDRICKS, Assistant, Children's Medical Department, Feb. 20, 1931.
- DR. MYER TOLMAN, Asssitant, Department of Dermatology and Syphilis, Feb. 20, 1931.
- DR. LOUIS CRONE, Resident, Neurological Service, July 1, 1931.
- DR. EDWIN M. COLE, Resident, Neurological Service, Jan. 1, 1932.
- DR. FREDERICK A. HALEY, Assistant Dental Surgeon, Jan. 9, 1930.
- DR. JOHN M. MARONEY, Resident, Children's Medical Service, Sept. 1, 1931.
- DR. SIMPSON SMITH, Research Fellow in Surgery, Feb. 20, 1931.
- DR. THEODORE C. PRATT, Assistant in Surgery, Feb. 20, 1931.
- DR. TORR W. HARMER, Chief of Service, Surgical Out-Patient Department, Nov. 28, 1931.



# STAFF CHANGES

- DR. FLETCHER COLBY, Associate Urologist, Dec 26, 1930.
- DR. JOHN S. HODGSON, Assistant Visiting Surgeon, Jan. 9, 1931.
- DR. T. DUCKETT JONES, Assistant in Medicine, Feb. 20, 1931. DR. G. COLKET CANER, Assistant Neurologist, Feb. 20, 1931.
- DR. E. P. HAYDEN, Surgeon to Out-Patient Department, Feb 20, 1931.
- DR. HENRY H. FAXON, Assistant Surgeon to Out-Patient Department, Feb. 20, 1931.
- DR. FRANCIS M. FINDLAY, Assistant Surgeon to Out-Patient Department, Feb. 20, 1931.
- DR. STEPHEN G. JONES, Assistant Surgeon to Out-Patient Department,
- Feb. 20, 1931. DR. JOHN W. SPELLMAN, Assistant Surgeon to Out-Patient Department, Feb. 20, 1931.
- DR. FRANKLIN G. BLACH, JR., Assistant Surgeon to Out-Patient Department, Feb. 20, 1931.
- DR. HORATIO ROGERS, Assistant Surgeon to Out-Patient Department, Feb. 20, 1931.
- DR. REGINALD H. SMITHWICK, Assistant Surgeon to Out-Patient
- Department, Feb. 20, 1931. DR. GRANTLEY W. TAYLOR, Assistant Surgeon to Out-Patient Department, Feb. 20, 1931.



# CLINICAL MEETINGS OF THE STAFF

November 13, 1930.

- 1. Presentation of cases.
- DR. HENRY JACKSON, JR. 2. Biological aspects of cancer.
- The lead treatment of cancer (Blair Bell).
  - DR. REGINALD SMITHWICK and DR. J. C. AUB. The tuberculin treatment of cancer. DR. E. M. DALAND.
- The Fischer-Wasal oxygen treatment of cancer.
  - DR. CHARLES C. LUND.
- (a) The use of extracts of adrenal cortex in the treatment of
  - (b) The treatment of cancer with thymus extract (Hansen) DR. O. O. MEYER.

December 11, 1930.

- 1. Presentation of cases.
- DR. MORRIS B. SANDERS. Treatment of male sterility.
- Relationship of the endocrines to reproduction.
- DR. FULLER ALBRIGHT. Treatment of female sterility with particular reference to diet DR. DONALD MACOMBER. and the endocrines.

January 8, 1931.

- 1. Presentation of cases. Demonstration of Sir Thomas Lewis' cardiac chair bed.
  - DR. PAUL D. WHITE.
- 3. The use of glucose intravenously in heart failure.

  DR. H. M. MARVIN, New Haven, Conn.

4. Mechanism by which glucose is used advantageously in heart DR. ROY R. WHEELER. disease.

Discussion opened by Dr. Howard B. Sprague.

### February 12, 1931

- 1. Presentation of cases.
- 2. Methods of estimating the degree of sympathetic vasoconstriction in peripheral vascular diseases.

DR. JOHN J. MORTON, Rochester, N. Y.

- 3. The effect of peripheral nerve block on the surface temperature of the extremity. DR. REGINALD H. SMITHWICK.
- Resumé of the results of operations on the sympathetic nervous system at the Massachusetts General Hospital.

DR. JAMES C. WHITE.

Discussion opened by Dr. Arthur W. Allen.

March 12, 1931.

- 1. Presentation of cases.
- 2. Hypersensitiveness in man-Underlying principles and varieties. DR. HANS ZINSSER.
- 3. Clinical approach to the diagnosis and treatment of hypersensi-DR. FRANCIS M. RACKEMANN. tiveness in man.

200

# STAFF AND ALUMNI NECROLOGY

- MR. GEORGE WIGGLESWORTH, died Nov. 26, 1930. Trustee, 1896-1919; Chairman, Board of Trustees, 1919-1928; President of the Corporation, 1928-1930.
- MR. HENRY S. HUNNEWELL, died Jan. 21, 1931. Trustee, 1904-1914; Vice President, 1923-1931; member of the Corporation, 1904-1931.
- MR. HENRY S. HOWE, died March 2, 1931. Trustee, 1894-1912; member of the Corporation, 1894-1931.
- DR. THEODORE J. EASTMAN, died March 9, 1931. West Medical Service, 1907; Ast. Physician to Out-Patient Department, 1910; Physician to Out-Patient Department, 1912; Consulting Physician
- to Massachusetts Eye and Ear Infirmary, 1909-1924; Resigned, 1925. DR. KO NIEN YANG, died Dec. 14, 1930. West Medical Service, 1927.
- DR. HAROLD L. HERSEY, died Jan. 8, 1931. Assistant Resident Physician, 1912-1919. DR. J. V. TAYLOR, died Nov 14, 1930; Assistant Obstetrician, 1929.
- DR. GEORGE S. HILL, died March 27, 1931. East Medical Service, 1901; Assistant Physician to Out-Patient Department, 1917; Physician to Out-Patient Department, 1923; Retired, 1929.



# CHILDREN'S MEDICAL HOUSE OFFICERS

IRWIN J. COHEN October 1, 1930 ELVIRA GOETTSCH January 1, 1931

# ORTHOPEDIC HOUSE OFFICERS

IAMES SHANNON March 1, 1931 HENRY B. CRAWFORD May 1, 1931 EDWARD PARNALL July 1, 1931 ROY SIMON November 1, 1931 ROBERT J. JOPLIN September 1, 1932

# NEURO-SURGICAL HOUSE OFFICERS

EUGENE MacDONALD December 1, 1930

# SURGICAL HOUSE OFFICERS

RICHARD E. ALT	July 1, 193
SOMERS H. STURGIS	July 1, 193
WALTER E. GARREY	October 1, 193
CHAMP LYONS	October 1, 193
ARCHIBALD G. GAULD	January 1, 193
HARRISON E. KENNARD	January 1, 193
SAMUEL B. KIRKWOOD	April 1, 193
RICHARD L. PEARSE	April 1, 193

# MEDICAL HOUSE OFFICERS

DAVID A. YOUNG July 1, 1931 RICHARD S. HAWKES HENRY D. STEBBINS July 1, 1931 October 1, 1931 RICHARD J. CLARK October 1, 1931 RICHARD B. CAPPS January 1, 1932 CHARLES F. WARREN January 1, 1932 MICHAEL E. MURRAY, JR. April 1, 1932 NEIL L. P. CRONE April 1, 1932

300

# RECENT ADDITIONS TO THE TREADWELL LIBRARY

BOAS, E. P. and NICHELSON, N.

Challenge of chronic disease, 1929.

HEALY, W., BRONNER, A. F., and BOWERS, A. M.

Structure and meaning of psychoanalysis as related to personality and behavior, 1930.

HOM'ANS, JOHN.

Textbook of surgery, 1931.

MAXIMOW, A. A.

Textbook of histology, 1930.

MOORE, H. H.

American medicine and the people's health, 1927.

ROREM, C. R.

Public's investment in hospitals, 1930.

RACKEMANN, F. M.

Clinical allergy, particularly asthma and hay fever, 1931.

STRONG, R. P., ed.

African Republic of Liberia and the Belgian Congo, 1930.

TALBOT, F. B.

Treatment of epilepsy, 1930.

VIETS, H. R.

Brief history of medicine in Massachusetts, 1930.

Canadian Medical Association Journal.

American Journal of Cancer.

200

# PUBLICATIONS BY MEMBERS OF THE STAFF

## MEDICAL DEPARTMENT

BAUER, W., BENNETT, G. A., MARBLE, A. and CLAFLIN, D.

Observations on normal synovial fluid of cattle; cellular constituents and nitrogen contents. J. Exper. Med. 52: 835-848, Dec. '30.

BLAND, E. F. and SPRAGUE, H. B.

Progress in study of cardiovascular disease in 1929. New England J.

Med. 203: 574-591, Sept. 18, '30. BLAND, E. F. and WHITE, P. D.

Use of mechanical measures in treatment of obstinate edema. J. A. M. A. 95: 1489-1493, Nov. 15, '30.

BOCK, A. V., DILL, D. B. and EDWARDS, H. T.

On relation of changes in blood velocity and volume flow of blood to change of posture. J. Clin. Investigation 8: 533-544, June '30.

BOCK, A. V., HENDERSON, L. J., DILL, D. B. and EDWARDS, H. T. Blood as physicochemical system; carbon dioxide dissociation curves of oxygenated human blood. J. Biol. Chem. 87: 181-196, June '30. COLMES, A. and RACKEMANN, F. M.

Studies in asthma; cough as manifestation of human hypersensitiveness. J. A. M. A. 95: 192-194, July 19, '30.

JONES, T. D.

Diagnosis and treatment of acute anterior poliomyelitis in pre-paralytic stage, with report of cases. Virginia M. Monthly 57: 571-576,

LERMAN, J.

Temperature reaction following subtotal thyroidectomy. New England I. Med. 203: 254-256, Aug. 7, '30.

LERMAN, J., FREMONT-SMITH, M., and ROSAHN, P. D.

Primary carcinoma of lung; study of 18 autospied cases. New England J. Med. 203: 473-477, Sept. 4, '30.

LORD, F. T.

Childhood tuberculosis. New England J. Med. 203: 68-71, July

LUTHER, E. H. and FORSBECK, F. C.

Anterior poliomyelitis in Massachusetts, 1907-1929. New England J. Med. 203: 1115-1121, Dec. 4, '30.

MEANS, J. H.

Use of iodine in exophthalmic goiter. Ann. Int. Med. 4: 117-121, Aug. '30.

PALMER, R. S.

Treatment of essential hypertension. New England I. Med. 203: 208-211, July 31, '30. RACKEMANN, F. M.

Nature of allergy. J. Allergy 1: 536-538, Sept. '30. RACKEMANN, F. M. and TOBEY, H. G.

Nose and throat in asthma. Tr. Am. Laryng., Rhin. & Otol Soc. 35: 258-269, '29.

THURMON, F. M. and THOMPSON, W. O.

Low basal metabolism without myxedema. Arch. Int. Med. 46: 879-897, Nov. '30.

WHITE, P. D.

Constrictive pericarditis. South. Med. & Surg. 92: 406, June '30.

WOLFF, L., PARKINSON, J., and WHITE, P. D.

Bundle-branch block with short P-R interval in healthy young people prone to paroxysmal tachycardia. Am. Heart J. 5: 685-704, Aug. '30.

# CHILDREN'S MEDICAL DEPARTMENT

HIGGINS, H. L.

Some physiological and clinical effects of high fat feeding. New England J. Med. 203: 145-150, July 24, '30.

## SURGICAL DEPARTMENT

· ALLEN, A. W.

Recent advances in treatment of circulatory disturbances of extremities; results obtained in peripheral circulatory clinic of Massachusetts General Hospital. Ann. Surg. 92: 931-946, Nov. '30. BENEDICT, E. B. and MEIGS, J. V.

Tumors of parotid gland; study of 225 cases with complete endresults in 80 cases. Surg. Gynec. Obst. 51: 626-647, Nov. '30.

COUES, W. P.

Washington's campaign against smallpox in Continental Army. New England J. Med. 202: 1254, June 26, '29. DALAND, E. M.

Interscapulo-thoracic amputation; report of 2 cases. New England J. Med. 203: 722-725, Oct. 9, '30.

DALAND, E. M. and PALERMO, A. A.

Gastrostomy as palliative measure. New England J. Med. 203: 317-318, Aug. 14, '30.

FINDLAY, F. M.

Intravenous use of sodium amytal. New England J. Med. 203: 1029-1032, Nov. 20, '30. FITCHET, S. M.

Injury of serratus magnus (anterior) muscle. New England J. Med. 203: 818-823, Oct. 23, '30.

HAYDEN, E. P.

Internal hemorrhoids; injection treatment. New England J. Med. 203: 218-220, July 31, '30.

HAYDEN, E. P. and SHEDDEN, W. M.

Carcinoma of rectum; study of 303 cases. Surg. Gynec. Obst. 51: 783-798, Dec. '30.

LINTON, R. R.

Latent gas bacillus infection complicating gangrene of lower extremitv. I. A. M. A. 95: 183-188, July 19, '30.

McKITTRICK, L. S. and PRATT, T. C.

Operative treatment of lesions of lower extremities in diabetes mellitus. Arch. Surg. 21: 555-581, Oct. '30. MEIGS, J. V.

Benign uterine bleeding, Wilfred Shaw's groups. Am. J. Obst. &

Gynec. 20: 15-27, July '30. MEIGS, J. V. and PARKER, F., JR.

Effect of radium on cancer of cervix; attempted correlation between clinical results and histologic changes with especial reference to alterations in mitotic figures. New England J. Med. 203: 247-253, Aug. 7. °30.

REGGIO, A. W.

Fractures of femoral neck; end-result study of non-operative treatment. I. Bone & Joint Surg. 12: 819-826, Oct. '30.

RICHARDSON, E. P.

Diagnosis and principles of treatment of carcinoma of colon. New England J. Med. 203: 455-458, Sept. 4, '30.

SIMMONS, C. C.

Cancer of buccal mucosa; results of treatment by operation and radiation. Ann. Surg. 92: 681-693, Oct. '30.

SMITHWICK, R. H. and WHITE, J. C.

Elimination of pain in obliterative vascular disease of lower extremity; technique for alcohol injection of sensory nerves of lower leg. Surg. Gynec. Obst. 51: 394-403, Sept. '30.

WHITE, J. C.

Angina pectoris; treatment by paravertebral alcohol injection or operation based on newer concepts of cardiac innervation. Am. J. Surg. 9: 98-105, July '30.

Progress in surgery of sympathetic nervous system. New England J. Med. 203: 226-231, July 31, '30.

Diagnostic novocaine block of sensory and sympathetic nerves; method of estimating results which can be obtained by their permanent interruption. Am. J. Surg. 9: 204-277, Aug. '30.

WHITTEMORE, W.

Exploration of pericardium and decompression of heart; report of cases. Arch. Surg. 21: 1060-1063, Dec. (pt. 2) '30.

YOUNG, E. L., JR.

Graham test. Tr. New England S. Soc. 12: 169-183, '29.

## ORTHOPEDIC DEPARTMENT

SWAIM, L. T.

Clinical observation in chronic arthritis. J. Lab. & Clin. Med. 15:

Orthopedic care of arthritic deformities. Ann. Med. 36: 658-661, Oct. '30.

WILSON, P. D.

Forty-second report of progress in orthopedic surgery. Arch. Surg. 21: 539, Sept.; 702, Oct. '30.

## UROLOGICAL DEPARTMENT

BARNEY, J. D.

Cancer of prostate without urinary symptoms. New England J. Med. 203: 959-961, Nov. 13, '30.

Case of herpes zoster mistaken for renal disease. New England J. Med. 203: 1012-1013, Nov. 20, '30.

Priapism complicating splenic leukemia. New England J. Med. 203: 1013, Nov. 20, '30.

BARNEY, J. D. and WATSON, J. L.

Some results of renal calculus. Tr. New England S. Soc. 12: 109-130, '29.

BARNEY, J. D., WATSON, J. L. and ELLIOTT, S.

Diagnosis and treatment of tuberculosis of genital tract. Am. J. Surg. 10: 84-92, Oct. '30.

COLBY, F. H.

Torsion of spermatic cord with gangrene of testicle. New England J. Med. 203: 16-18, July 3, '30.

Intravenous urography. New England J. Med. 203: 470-472, Sept.

4, '30. Varix of urethra with hematuria. New England J. Med. 203: 1011, Nov. 20, '30.

O'NEIL, R. F.

Treatment of renal and ureteral calculi. Tr. New England S. Soc. 12: 97-108, '29.

SMITH, G. G.

Comparison of results following suprapubic and perineal prostatectomy. New England J. Med. 203: 114-117, July 17, '30.

Treatment of bladder carcinoma by irradiation and diathermy. J. A. M. A. 95: 1730-1734, Dec 6, '30.

SWAN, C. S.

Operation on lone kidney; report of 2 cases. New England J. Med. 203: 104-107, July 17, '30.

Epididymotomy for epididymitis; analysis of 90 cases and review of literature. New England J. Med. 203: 631-635, Sept. 25, 30.

One-stage vs. two-stage suprapubic prostatectomy for benign prostatic hypertrophy. New England J. Med. 203: 716-718, Oct. 9, '30. Clinical consideration of prostatic abscess. Urol. & Cutan. Rev. 34: 730-733, Nov. '30.

Ruptured urethra with extravasation of urine following self-introduction of nut pick. New England J. Med. 203: 1014, Nov. 20, '30.

## OBSTETRICAL DEPARTMENT

BERMAN, S.

Observations in toxemic clinic, Boston Lying-In Hospital, 1923-1930. New England J. Med. 203: 361-364, Aug. 21, '30.

KELLOGG, F. S.

Observations on short series of placenta previa patients delivered by abdominal cesarean section at Boston Lying-In Hospital. Am. J. Obst. & Gynec. 20: 643-649, Nov. '30.

TENNEY, B., JR.

Postpartum eclampsia with presentation of 2 cases. New England J. Med. 203: 211-213, July 31, '30.

## NEUROLOGICAL DEPARTMENT

AYER, J. B.

Symptoms and signs of tumors involving spinal cord. New England J. Med. 203: 295-3/00, Aug. 14, '30.

VIETS, H. R.

Diagnostic service for epidemic meningitis. New England J. Med. 203: 301, Aug. 14, '30.

Fifty years of Boston Society of Psychiatry and Neurology. New England J. Med. 203: 914-917, Nov. 6, '30.

# DERMATOLOGY & SYPHILIS

ROCKWOOD, E. M.

Study of fungus-infected nails. Arch. Dermat. & Syph. 22: 395-400, Sept. '30.

## ROENTGENOLOGICAL DEPARTMENT

HAMPTON, A. O., BLAND, E. F. and SPRAGUE, H. B.

Further studies of aorta with special reference to luetic aortitis. Am. Heart J. 6: 77-81, Oct. '30.

SUSSMAN, M. L.

Treatment of angina pectoris by paravertebral short wave radiation. Am. J. Roentgenol. 24: 163-168, Aug. '30.

# **CONSULTANTS**

ADAMS, Z. B.

Presidential address; (American Orthopaedic Association). J. Bone & Joint Surg. 12: 505-508, July '30.

Summary of what has been done at Lakeville. New England J. Med. 203: 526-527, Sept. 11, '30.

FOLIN, O. and SVEDBERG, A.

Improved distillation method for determination of urea in blood. J. Biol. Chem. 88: 77-83, Aug. '30.

Micro methods for determination of non-protein nitrogen, urea, uric acid, and sugar in unlaked blood. J. Biol. Chem. 88: 85-96, Aug. '30. Diffusible non-protein constituents of blood and their distribution between plasma and corpuscles. J. Biol. Chem. 88: 715-728, Oct. '30.

IRVING, F. C.

Method of identifying newborn infants at Boston Lying-In Hospital. Am. J. Obst. & Gynec. 20: 105-108, July '30.

Obstetrical aspect of intracranial hemorrhage. New England J. Med. 203: 499-502, Sept. 11, '30.

Treatment of eclampsia by plasmaphaeresis. New England J. Med. 203: 1070-1072, Nov. 27, '30.

JONES, D. F.

Diverticulitis of colon; its relation to carcinoma. New England J. Med. 203: 459-461, Sept. 4, '30.

JONES, D. F. and McCLURE, W. L.

Influence of transverse upper abdominal incision on incidence of postoperative pulmonary complications. Surg. Gynec. Obst. 51: 208-212, Aug. '30.

MINOT, GEORGE R. and ISAACS, R.

Pernicious anemia; synopsis of literature from North America during 1928. Folia haemat. 41: 179-188, May '30.

SHATTUCK, G. C. and GOODNER, K.

Water in relation to endemic diarrheas in Yucatan. Am. J. Trop. Med. 10: 427-433, Nov. '30.



VOL. IV, NO. 2

AUTUMN 1931

# HOSPITAL NOTES

A luncheon was given to the members of the American Neurological Association in connection with their meeting at the Hospital on May 28, 1931.

Various clinics were held at the Hospital, June 8th, 9th, and 10th, 1931, for the members of the Massachusetts Medical Society during their annual meeting.

Mr. Lawrence Abel, surgeon to the Cancer Hospital in London, spoke in the Ether Dome, October 17th, on "Cancer of the Rectum" and demonstrated a motion picture film.

Miss Sally Johnson, Superintendent of Nurses and Principal of the Training School, is on a year's leave of absence, during which period Miss Helen Wood, former Director of Nursing and Principal of the Training School at the University of Rochester, New York, School of Nursing, will act as Superintendent. Miss Wood was assistant Superintendent of Nurses at the Massachusetts General Hospital from 1916 to 1919. Her successor at Rochester, New York, is also a graduate from the Massachusetts General Hospital, Miss Claire Dennison.

Dr. Frederick J. Cotton, who served as an interne in 1894-95 and who for many years has been head of the "Bone and Joint Service" at the Boston City Hospital, has recently resigned from that position. He was one of the ten founders of the American College of Surgeons.

Patients may now be referred to the X-ray Department of the Baker Memorial by any member of the staff. The rates for X-rays are practically at cost. It is not necessary to have the patient enter the Hospital except for this examination.

Group nursing was established at the Baker Memorial June 8th, 1931, with the object of providing extra nursing care for very sick patients at a reduced cost. The plan is to employ a graduate nurse to care for two patients from 7:00 A. M. until

3:00 P. M. and for another graduate nurse to take similar duty from 3:00 P. M. until 11 P. M. A third nurse is to care for four patients from 11:00 P. M. until 7:00 A. M. The charge for this service will be exactly half of that made for a full-time special nurse.

Miss Harriett M. Bartlett, formerly Supervisor in House Social Service, has returned after a year at the Presbyterian Hospital in New York, to become the Educational Director in the Social Service Department. This new position was made possible through the Richard C. Cabot Educational Fund, which was contributed by friends of the Department on the occasion of the 25th Anniversary.

Mrs. Evangeline Morris, Supervisor of Social Hygiene for the Boston Community Health Association, has been granted part time leave from the Association to work with the Social Service Department in developing more adequate plans for follow-up and supervision of patients with syphilis and gonorrhoea having care in the Out Patient Clinics.

The hospital has for sale a consignment of Wedgewood china on which is a reproduction of the etching of the Bulfinch building, made by John Taylor Arms. Orders for this china will be received and filled until the supply is exhausted. If the demand exceeds the supply in any considerable amount it may be possible to order a little more of this china. After all friends of the Hospital have been supplied it is proposed to disfigure the plate in the possession of the Wedgewood pottery so that there can be no further production of this china.

John Bellamacini, for a long time barber at the Hospital, died in the medical ward on November 18, 1931.

Mrs. Jessie D. Hodder, Superintendent of the Reformatory for Women in Framingham, died November 20, 1931. Mrs. Hodder was a member of the staff of our Social Service Department from 1907 until 1911, when she went to Framingham.



Editorial Office

Massachusetts General Hospital

BOSTON, MASS.

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# A "SILVER" GIFT

A number of months ago a certain member of the Medical Staff who had often enjoyed his cup of "afternoon tea" in the Staff Room, and who had felt that teaspoons purchased at the "five and ten" were not exactly dignified for the use of so austere a body, decided to see what he could do to improve the situation.

This gentleman, who in a quiet sort of way is much given to good works, proceeded to take up a collection among members of the Medical Staff for the purpose of buying not only teaspoons, but other articles to correspond. In a short time a sufficient amount had been procured, and he then selected and bought the following, all silver: a cream pitcher and sugar bowl, a large pitcher for hot water, a tray, a basket for cake or crackers, a tea strainer, three dozen teaspoons, and a small ash tray.

The presentation of this gift of the Staff to itself was made on Oct. 6, 1930, at its first fall meeting, and just after the return of Dr. Means from his vacation, to whom the whole affair was intended as a surprise. Dr. Means was appointed custodian of the gift, and the small silver ash tray mentioned was a personal offering to him as a reminder of his responsibilities. Dr. Washburn was asked to attend the occasion and to say a few words, which he did in his usual gracious manner.

Each piece of silver is inscribed:

M. G. H. Medical Staff, 1930 The "good angel" was Dr. Gerardo M. Balboni.

G. W. M.

200

# THE MASSACHUSETTS GENERAL HOSPITAL

The following letter was published in the "New England Palladium and Commercial Advertiser," November 28, 1817. The author is unknown. It is hoped that the republication will result in bringing to light the name of the writer.

To My Country Friends,

It is now several years since I was patronized by my friends in Boston, and invited to take up my residence here. I was, indeed, importuned long ago, by an old and benevolent friend, who is now dead and gone, who offered me several thousand dollars, (which in those times was a great deal of money,) to stay; and left directions to his heirs to give me the same sum out of his estate, whenever I should be permanently fixed in this town; and to the praise of these heirs be it said, that since my final determination to fix in Boston, they have not only fulfilled, with ready and cheerful liberality, the humane and charitable bequest of their pious father, but have followed closely in his footsteps of benevolence, and added largely to the donation from their own stores.

This worthy example has been lately imitated by many others, and I am now proud (if you will allow the expression) to number as my friends and benefactors a large portion of the Inhabitants of this town.

Many of them have brought to my aid very liberal, nay, munificent offerings, and most of them have contributed, according to their several abilities, towards building me a house, and providing an income to support me and my poor distrest and sick family, which is already large and every year increasing; a family which is now scattered about, and suffering neglect, and pain, and distress, for want of a common home, where they might be comfortably nursed, and their disorders skilfully attended.

My friends in Salem have also been liberal in their donations, and I have received goodly assistance from some smaller towns, particularly Hingham.

These favours it becomes me to acknowledge with all thankfulness, and they will be remembered in the prayers and blessings of my whole family.

And now, my Country Friends, I look to you for further aid, and I come to you with a meek and humble hope that you will not turn away from my petition, nor think me unreasonable, that, after having received so much, I should ask for more. True I have received much, but much will be required of me. I have said my family is large; it is indeed very large, those who claim and need my assistance are numerous. All of you, my friends, know some of them, but I assure you there are many, many more for whom your hearts would ache if you did know them—and you would be willing and glad to assist and relieve them. Assist me, then, and you will assist them all. My Guardians, who are appointed to assist me, have already given you my character, and often recommended me to your charity. They also take care of my property, and see that it is rightly used, not wasted, but applied in the best manner for the use and advantage of my family, which is all I am anxious about. They have lately told you of the sufferings of some of my poor children for want of my help, and which is all very true; and these and many more are still wandering in distress, because I have no home for them, nor wherewith to support and cure them.

The money which has already been given me must be employed to build me a house, which you well know must be very large to accommodate all my family. But a house will be of little use without something for their support and attendance when they get into it. To you, then, my Country Friends, I must look, for at least some portion of this support.

A small end of my house is now nearly finished, and I hope will be ready in a few weeks to relieve some of the most distressed and bewildered of my children; you will then be able to

see, and willingly, I have no doubt, to acknowedge, that I am useful to mankind, and a great friend to humanity; that I am not unworthy of patronage and support; and that whoever gives but a cup of cold water, to these my little ones, shall in no wise lose his reward.

Materials are also preparing to build the great body of my house, which is to be erected next summer, and into which I shall, as soon as it is finished, collect all my children from all parts of the State, when many, I am confident, will be restored to health, who now languish without hope; many grievous maladies removed, and many valuable lives be saved. And to do all this nothing is now wanted but a liberal assistance from my Country Friends. Some friends, I think, I have already there, and if you would bear with me, I would say, that if I was more known, I should have more.

I have sisters established in all parts of the Christian World, who exactly resemble me, in appearance, design and disposition; and they are all beloved, universally beloved, honored and patronized; particularly by the pious, benevolent, and the good. I am the first who have offered myself here; and shall I be neglected by the people of New England? It is because my sisters are more esteemed as they are more known, that I wish to be more known to you. Do you ask of what service I can be to you? You are, many of you, often travelling to this town—your sons, your fathers and brothers are travelling here -they are all exposed and liable to accidents, and to various misfortunes—should one break a leg, receive a dangerous wound, be seized with the palsy-immediately I shall come to his assistance—They are far from home, they have little money—my house shall be their home, my money support, and my best Doctor attend and heal them. Are you afflicted with some strange disease, unknown and incurable in the country where you live? Come to me and you may be cured, restored to health, to your labors, to your family.

But whilst I humbly solicit the benefactions of all, I am particularly desirous to introduce myself, and be made known to the aged affluent, and to such as have no affectionate heirs. If, upon a nearer acquaintance, I should be found worthy the friendship of these, and should be remembered with favour in their last bequests, their departing spirits may be cheered with the pleasing assurance that the legacy will not be converted to unworthy purposes-that it will not be wasted in riot, nor prodigally squandered away-but its benefits immediately applied to soothe the afflicted, and extend to generations without number and without end.

Massachusetts General Hospital.

Boston, Nov. 27, 1817.

# SPECIAL CLINICS, WARD VISITS AND **CONFERENCES OPEN TO PHYSICIANS** VISITING THE HOSPITAL

**MONDAY** 

Anaphylactic (O.P.D. 9-12). 9 A. M. Ovarian Dysfunction (O.P.D. 9-12). Posture (Adults) (O.P.D. 9-12). Rectal (O.P.D. 9-12). X-ray Interpretation (X-ray 9-11).

10 A. M. Blood Diseases (X-ray 10-12). Tumor [Rectal & Surg.] (X-ray 10-12). West Surg. Rounds (Surg. Amph. 10.30).

2-4 P. M. Gastro-Intest. Clinic (X-ray).

5 P. M. Medical Staff Meeting (Med. Staff Room).

## TUESDAY

9 A. M. Anaphylactic (O.P.D. 9-12). Diabetic (O.P.D. 9-12). Gastro-Intestinal (O.P.D. 9-12). Infantile Paralysis (O.P.D. 9-12). Thoracic (Ether Dome 9.30-12). X-ray Interpretation (X-ray 9-11).

10 A. M. Cardiac Rounds (Cardiac Lab.). Tumor [Surg.] (X-ray 10-12).

11 A. M. X-ray Conference (X-ray).

12 Noon Surgical Staff Conf. (1st & 3rd Tues. each month, Surg. Amph.). Neurolog. & Ophthal. Conference (Upper O.P.D. Amph. 12-1).

Pediatrics, Eye & Ear Rounds (Ward 12). 2.30 P.M.

4 P. M. Pediatrics Seminar (Pediatrics Lab.).

## WEDNESDAY

Orthoped. Wd. Rds. (Ward I). 8 A. M. 9 A. M. Cardiac (Adults) (O.P.D. 9-12). Non-Pulmonary T.B. (O.P.D. 9-12). X-ray Interpretation (X-ray 9-11).

Tumor [G.U. & Surg.] (X-ray 10-12). 10 A. M.

11 A. M. Oto-Laryng. Conf. (E. & E. Infirm. 11.30-12.30). Thyroid (Metabolism Lab. 11-12).

2-4 P. M. Gastro-Intest. Clinic (X-ray).

4-5 P. M. X-ray Conference (X-ray).

## **THURSDAY**

Circulatory Clin. Rds. (Ward F. 8-9). 8 A. M.

9 A. M. Anaphylactic (O.P.D. 9-12). Cardiac (Children) (O.P.D. 9-12). Infantile Paralysis (O.P.D. 9-12). Neurol. Conference (Ether Dome 9-11). Rectal (O.P.D. 9-12). Tuberculosis [Pulmonary] (O.P.D. 9-12). X-ray Interpretation (X-ray 9-11).

Tumor [Nose & Throat & Surg.] (X-ray 10-12). 10 A. M.

11 A. M. Medical Grand Rounds (Ether Dome). Ophthal. Clin.-Path. Conference (O.P.D. 11.30, 2nd Thurs. of month).

12 Noon Clin.-Path. Conference (Path. Amph.).

2-4 P. M. Gastro-Intest. Clinic (X-ray).

# **FRIDAY**

9 A. M. Anaphylactic (O.P.D. 9-12). Cardiac [Adolescents] (O.P.D. 9-12). Diabetic (O.P.D. 9-12). X-ray Interpretation (X-ray 9-11).

10 A. M. Cardiac Rounds (Card. Lab.). Fracture Rounds (O.P.D. 10.30-12). Tumor [Skin & Surg.] (X-ray 10-12).

12 Noon Pediatrics Rounds (Ether Dome on alternate weeks).

2-4 P. M. Gastro-Intest. Clinic (X-ray).

## **SATURDAY**

9 A. M. Circulatory (O.P.D. 9-12). Infantile Paralysis (O.P.D. 9-12). Posture (O.P.D. 9-12). Thyroid Rounds (Med. Staff Room). X-ray Interpretation (X-ray 9-11).

10 A. M. Tumor [Gyn. & Surg.] (X-ray 10-12).

# CLINICAL MEETINGS OF THE STAFF

April 9, 1931.

1. Post-operative pneumonia and collapse. A clinical and x-ray study of the cases occurring at the Massachusetts General Hospital during three years, 1928-1930. DR. DONALD KING.

2. Avertin Anaesthesia. DR. GRANTLEY W. TAYLOR.

Discussion opened by Dr. Reid Hunt.

October 28, 1931.

1. Stated meeting of the Suffolk District Medical Society.

2. Clinical Program.

SYMPOSIUM ON INFANTILE PARALYSIS.

(a) Epidemiological aspects and present epidemic.

DR. GAYLORD W. ANDERSON,

Deputy Commissioner Public Health of Mass.

(b) Pathological aspects.

DR. TRACY B. MALLORY, DR. CHARLES S. KUBIK.

(c) The Drinker Respirator. DR. PHILIP DRINKER.

(d) Cases treated with Drinker Respirator at the Massachusetts General Hospital. DR. NEIL L. P. CRONE.

200

# STAFF AND ALUMNI NECROLOGY

DR. ABEL ALBERT DAVIS, died Jan. 26, 1924, East Surgical Service,

DR. CHARLES SCHRAM, died November 27, 1926. West Medical Service, 1886.

DR. WILLIAM GEORGE LEE, died February 10, 1927. East Surgical Service, 1905.

DR. JOEL IVES BUTLER, died June 28, 1928. South Surgical Service,

DR. OSCAR JOSEPH PFEIFFER, died Dec. 31, 1929. East Surgical Service, 1884.

DR. ELMOND ARTHUR BURNHAM, died February 11, 1931. West Medical Service, 1893.

DR. WILLIAM NORTON BULLARD, died April 13, 1931. East Medical Service, 1880.

DR. CHARLES ALLEN PORTER, died July 3, 1931. East Surgical Service, 1893; Surgeon to Out-Patient Department, 1894; Assistant Visiting Surgeon, 1903; Visiting Surgeon, 1907; Chief of West Surgical Service, 1915; Surgeon in Chief, 1925; Board of Consultation, 1927.

DR. WALTER EVERARD PAUL, died July 24, 1931. Assistant Neurologist, 1893; Neurologist, 1912; Consultant in Neurology, 1922.

DR. ARTHUR LYMAN FISK, died October 8, 1931. West Surgical Service, 1890.

2030

# RESIGNATIONS

DR. FREDERICK C. IRVING, Chief of Obstetrical Service, October 3, 1930.

DR. HENRY A. SHAW, Assistant, Neurological Department, October 17, 1930.

DR. MARTIN PECK, Assistant, Neurological Department, October 17,

DR. EDGAR L. ABT, Assistant Dental Surgeon, November 28, 1930.

DR. HORACE GREELEY, JR., Resident Surgeon, Baker Memorial, December 1, 1930.

DR. LLOYD T. BROWN, Special Consultant in Orthopedic Surgery,

January 9, 1931. DR. LORING T. SWAIM, Orthopedic Surgeon to Out-Patient Department, January 9, 1931.

DR. ELIZABETH MACNAUGHTON, Assistant Urologist, January 23,

DR. JESSIE R. COCKRILL, Research Fellow in Medicine, February 20,

DR. AARON H. BRAVERMAN, Assistant, Neurological Department, February 20, 1931.

DR. JOHN H. GIBBON, JR., Research Fellow in Surgery, February 20,

DR. STEPHEN MADDOCK, Research Fellow in Surgery, February 20,

DR. HARRIET E. ROGERS, Assistant in Medicine, March 20, 1931.

DR. RANDALL CLIFFORD, Associate Physician, May 29, 1931.

## RETIRED

DR. JOHN W. CUMMIN, Chief of Service, Surgical Out-Patient Department, February 20, 1931.

DR. ROBERT H. VOSE, Surgeon to Out-Patient Department, February 20, 1931.

DR. HARRY C. LOW, Orthopedic Surgeon in Charge of Poliomyelitis, February 20, 1931.

200

# STAFF APPOINTMENTS

DR. GEORGE W. HOLMES, Chairman, Committee on Hospital Clinical Meetings, Sept. 16, 1931.

DR. FULLER ALBRIGHT, Secretary, Committee on Hospital Clinical Meetings, Sept. 16, 1931

DR. MAURICE FREMONT-SMITH, Assistant Physician, March 6, 1931. DR. W. RICHARD HOCHWALT, Resident Surgeon, Orthopedic Serv-

ice, April 1, 1931. DR. EDWARD D. CHURCHILL, Chief of West Surgical Service, April 17, 1931.

DR. JAMES R. LINGLEY, Assistant Roentgenologist, May 29, 1931.

DR. JAMES E. FISH, Resident Surgeon, June 1, 1931.

DR. ALLEN G. BRAILEY, Assistant in Medicine, June 26, 1931.

DR. THOMAS B. COOLIDGE, Assistant in Medicine, June 26, 1931.

DR. JOHN H. FAY, Assistant in Medicine, June 26, 1931.

DR. HAROLD A. BRATT, Assistant Dental Surgeon, June 26, 1931. DR. WILLIAM A. BISHOP, Assistant Physician, June 26, 1931.

DR. RICHARD H. WALLACE, Assistant in Surgery, July 1, 1931.

DR. GEORGE J. M. GRANT, Resident Physician, Dermatological Service, July 1, 1931.

DR. J. SEABURY HATHAWAY, Resident Surgeon, Sept. 1, 1931.

DR. EARLE M. CHAPMAN, Resident Physician, Sept. 1, 1931.

DR. JOHN B. SEARS, Assistant in Surgery, Sept. 18, 1931.

DR. L. V. RAGSDALE, Assistant Director, Oct. 16, 1931. DR. H. EUGENE MACDONALD, Assistant Resident Surgeon in Neuro-Surgery, Oct. 2, 1931.

DR. SYLVESTER McGINN, Dalton Scholar, 1931-32.

DR. GEORGE A. MARKS, Assistant Resident Surgeon, June 1, 1931.

3030

# CHILDREN'S MEDICAL HOUSE OFFICERS

FORREST A. HARRISON July 1, 1931 October 1, 1931 MARGARET E. MORIARTY RICHARD B. CAPPS June 15, 1931 WILLIAM M. GAMMON January 1, 1932 LEO B. BURGIN April 1, 1932

# ORTHOPEDIC HOUSE OFFICERS

VICTOR M. DILLON

January 1, 1932

NEURO-SURGICAL HOUSE OFFICERS

DONALD T. CHAMBERLIN July 1: 1931

# PATHOLOGICAL HOUSE OFFICERS

PAUL HUGENBERGER BENJAMIN CASTLEMAN LAWRENCE E. HUMMEL

May 1, 1931 October 1, 1931 July 1, 1931

S. C. S. C.

# PUBLICATIONS BY MEMBERS OF THE **STAFF** January-June, 1931

MEDICAL DEPARTMENT

ALBRIGHT, F., BAUER, W., COCKRILL, J. R. and ELLSWORTH, R. Studies on physiology of parathyroid glands; relation of serum calcium to serum phosphorus at different levels of parathyroid activity. J. Clin. Investigation 9: 659-677, Feb. '31. ALBRIGHT, F., BAUER, W. and AUB, J. C.

Studies of calcium and phosphorus metabolism; influence of thyroid gland and parathyroid hormone upon total acid-base metabolism. J. Clin. Investigation 10: 187-219, April '31.

BLAND, E. F., BALBONI, G. M. and WHITE, P. D.

Enormous increase of heart volume with mitral stenosis; report of case. A. M. A. 96: 840-843, March 14, '31.

BAUER, W., MARBLE, A., MADDOCK, S. J. and WOOD, J. C.

Effect of irradiated ergosterol on composition of gastric and pancreatic juices. Am. J. M. Sc. 181: 399-413, March '31.

MERRITT, H. H. and BAUER, W.

Equilibrium between cerebrospinal fluid and blood plasma; distribution of calcium and phosphorus between cerebrospinal fluid and blood serum. J. Biol. Chem. 90: 215-232, Jan. '31.

Equilibrium between cerebrospinal fluid and blood plasma; calcium content of serum, cerebrospinal fluid, and aqueous humor at different levels of parathyroid activity. J. Biol. Chem. 90: 233-246, Jan. '31.

COLMES, A.

Studies in asthma; immediate and late effects of sensitization in man. New England I. Med. 204: 965-968, May 7, '31. LERMAN, J. and MEANS, J. H.

Iodin in exophthalmic goiter; comparison of effect of ethyl iodid and potassium iodid with that of Lugol's solution. Am. J. M. Sc. 181: 745-55, June '31.

LORD, F. T. and PERSONS, E. L.

Certain aspects of mouse protection tests for antibody in pneumococcus pneumonia. J. Exper. Med. 53: 151-158, Feb. '31. MEANS, J. H.

Address on certain aspects of pathogenesis of angina pectoris. Canad. M. A. J. 24: 193-200, Feb. '31.

MEANS, J. H., LERMAN, J. and CASTLE, W. B.

Coexistence of myxedema and pernicious anemia. New England J. Med. 204: 243-248, Feb. 5, '31.

PALMER, R. S.

Abnormal blood pressure. New England J. Med. 204: 602, March. 19, 31.

Functional albuminuria. J. A. M. A. 96: 1559-1562, May 9, '31.

RACKEMANN, F. M.

Studies in asthma; skin tests to foods in asthma. J. Allergy 2: 113-117,

RACKEMANN, F. M. and SMITH, L. B.

Hay Fever plants of eastern Massachusetts; preliminary study. New England J. Med. 204: 708-710, April 2, '31.

Ragweed hay fever; symptoms and pollen concentration compared (1930). New England J. Med. 204: 711-712, April 2, '31.

SPRAGUE, H. B.

Auscultation and heart sounds. New England J. Med. 204: 595-597, March 19, '31.

SPRAGUE, H. B. and GRAYBIEL, A.

Salyrgan as diuretic; report of 60 cases. New England J. Med. 204: 154-157, Jan. 22, '31.

SPRAGUE, H. B., BLAND, E. F. and WHITE, P. D.

Congenital idiopathic hypertrophy of heart; case with unusual family history. Am. J. Dis. Child. 41: 877-886, April '31.

## CHILDREN'S MEDICAL DEPARTMENT

GARLAND, J. and RICH, M. B.

Duration of breast feeding; comparative study. New England J. Med. 203: 1279-1282, Dec. 25, '30.

TALBOT, F. B.

Endocrine disturbances in childhood. South, M. J. 24: 13-19, Jan. '31.

## DERMATOLOGY & SYPHILIS

BLUMGART, H. L., GILLIGAN, D. R. and SWARTZ, J. H.

Elimination of ethyl iodide after inhalation and its relation to therapeutic administration. J. Clin. Investigation 9: 635-650, Feb. '31. NEUROLOGICAL DEPARTMENT

McDONALD, C. A. and TAYLOR, E. W.

Herpes zoster oticus; report of cases. Arch. Neurol. & Psychiat. 25: 601-611, March '31.

SOLOMON, H. C., KAUFMAN, M. R. and D'ELSEAUX, F.

Some effects of inhalation of carbon dioxide and oxygen, and of intravenous sodium amytal on certain neuropsychiatric conditions. Am. J. Psychiat. 10: 761-769, March '31.

KLAUDER, J. V. and SOLOMON, H. C.

Trauma and dementia paralytica. J. A. M. A. 96: 1-7, Jan. 3, '31.

VIETS, H. R. and WARREN, S.

Vaccinial encephalitis; report of 3 cases, 2 with postmortem examination. New England J. Med. 204: 475-481, March 5, '31.

# MENTAL HYGIENE

GARDNER, G. E.

Mental testing and school nurse. Ment. Hyg. 15: 101-105, Jan. '31. Evidences of homosexuality in 120 unanalyzed cases with paranoid content. Psychoanalyt. Rev. 18: 57-62, Jan. '31.

Measurement of psychotic age; preliminary report. Am. J. Psychiat. 10: 963-975, May '31.

## SURGICAL DEPARTMENT

ALLEN, A. W.

General management of circulatory disorders of extremities. New England J. Med. 204: 859-862, April 23, '31.

NOWAK, S. J. G. and CHURCHILL, E. D.

Intrathoracic pressure studies in 2 types of valvular spontaneous pneumothorax. Am. Rev. Tuberc. 23: 127-133, Feb. '31.

COUES, W. P.

Case of teratoma of breast. New England J. Med. 204: 656-657, March 26, '31.

FAXON, H. H.

New type of heated cradle. New England J. Med. 204: 160, Jan. 21, '31.

GREENOUGH, R. B.

Cancer service in Massachusetts. Ann. Surg. 93: 113-114, Jan. '31. Tumor clinic of Massachusetts General Hospital. Surg., Gynec. & Obst. 52: 529-530, Feb. (No. 2A) '31.

What shall American Society for Control of Cancer say to laymen regarding organization of special cancer services in general hospitals and cancer clinics? Am. J. Cancer 15: 871-875, April '31.

HODGSON, J. S.

Craniocerebral injuries. New England J. Med. 204: 720-724, April 2. '31.

LEARY, T., MYERSON, A. and HODGSON, J. S.

Symposium—intracranial pathology, lesions, diagnosis and treatment. New England J. Med. 204: 984-992, May 7, '31.

LELAND, G. A.

Treatment of compound fractures. New England J. Med. 204: 1200-1203, June 4, '31.

LINTON, R. R.

Relation of Calcium to haemorrhagic tendency in obstructive jaundice. Ann. Surg. 93: 707-721, March '31. McKITTRICK, L. S., McCLURE, W. L. and SWEET, R. H.

Spinal anaesthesia in abdominal surgery. Surg., Gynec. & Obst. 52: 898-909, April '31.

MIXTER, W. J. and WHITE, J. C.

Pain pathways in sympathetic nervous system; clinical evidence. Arch. Neurol. & Psychiat. 25: 986-997, May '31.

SHEDDEN, W. M.

Non-malignant tumors of rectum. New England J. Med. 204: 5-8, Jan. 1, '31.

SIMPSON-SMITH, A.

Spontaneous fracture of clavicle; gumma. Tr. M. Soc. London 53:

Spontaneous fracture of humerus; solitary cyst. Tr. M. Soc. London 53: 73, '30.

Spontaneous fracture of humerus; syringomyelia; Charcot's disease of left shoulder joint. Tr. M. Soc. London 53: 74, '30.

SMITHWICK, R. H.

Treatment of peripheral vascular lesions; use of foreign protein; alcohol injection of peripheral sensory nerves. New England J. Med. 204: 845-851, April 23, '31.

SOWLES, H. K.

Treatment of simple fractures on fracture service at Massachusetts General Hospital. New England J. Med. 204: 975-978, May 7, '31.

STEWART, J. D.

Diverticulosis of appendix. New England J. Med. 203: 1288-1290, Dec. 25, '30.

FITZHUGH, G., MILLER, M. L., TAYLOR, G. W. and AUB, J. C. Studies on calcium and phosphorus metabolism; effect of intravenous calcium chloride on peristalsis following intestinal obstruction in dogs. Am. J. Physiol. 97: 142-145, April '31.

WHITE, J. C.

Experiences with sympathetic ganglionectomy in peripheral circulatory disease. New England J. Med. 204: 852-859, April 23, '31.

## ORTHOPEDIC SURGERY

# ROGERS, W. A. and CAVE, E. F.

Report of progress in orthopaedic surgery. New England J. Med. 204: 553-559, March 12, '31.

## MAXWELL, L. P. and VAN GORDER, G. W.

Operation for relief of stenosis of vagina due to osteomalacia. Nat. M. J. China 16: 739-743, Dec. '30.

#### WILSON, P. D.

Complete rupture of supraspinatus tendon. J. A. M. A. 96: 433-439, Feb. 7, '31.

#### WILSON, P. D. and others.

Forty-third report of progress in orthopedic surgery. Arch. Surg. 22: 325-352, Feb. '31.

Forty-fourth report of progress in orthopedic surgery. Arch. Surg. 22: 857, May; 1047, June '31.

# **UROLOGY**

#### BARNEY, J. D.

Infections of kidney and their management. J. Indiana M. A. 24: 185-190, April '31.

Coccus infections in and around kidney. New England J. Med. 204: 770-774, April 9, '31.

Pyonephrosis resulting from aberrant renal artery; case of encapsulated papillary adenocarcinoma of kidney. New England J. Med. 204: 904-906, April 30, '31.

## BARNEY, J. D. and CHUTE, R.

Management of calculi in lower ureter. J. Urol. 25: 173-180, Feb. '31.

### BOLAND, B. F.

Diathermic and high frequency currents in Neisserian infections. Am. J. Phys. Therapy 8: 5-7, April '31.

### COLBY, F. H

Patent urachus; report of case. New England J. Med. 204: 900-902, April 30, '31.

Progress in urology. New England J. Med. 204: 1152-1164, May 28, '31.

# COLBY, F. H. and SMITH, G. G.

Carcinoma of penis. J. Urol. 25: 461-467, May '31.

### SMITH, G. G.

Treatment of bladder carcinoma by irradiation and diathermy. Tr. Sect. Urol., A. M. A., pp. 219-229, '30.

Plastic surgery of kidney and ureter. New England J. Med. 204: 297-314, Feb. 12, '31.

## SWAN, C. S.

Some aspects of prostate surgery. Urol. & Cutan. Rev. 34: 803-807, Dec. '30

Clinical consideration of prostatic abscess. J. Urol. 25: 413-420, April '31.

## OBSTETRICAL DEPARTMENT

### KELLOGG, F. S.

Observations on toxemic nephritic group cases with special reference to classification. Am. J. Obst. & Gynec. 21: 275-279, Feb. '31.

### MAY, G. I

Auto blood transfusion. New England J. Med. 203: 1197-1198, Dec. 11, '30.

### DENTISTRY

### STROCK, M. S.

Did I talk, Doctor? Hygeia 9: 338-339, April '31.

# PATHOLOGICAL DEPARTMENT

## DIENES, L.

Further investigations concerning tuberculin reaction. Nat. Tuberc. A. Tr. 26: 230-233, '30.

Comparative study of anaphylactic and tuberculin types of hypersensitiveness; general reactions similar to tuberculin shock in tuberculous guinea pigs sensitized with various antigens. *J. Immunol.* 20: 221-238, March '31.

Comparative study of anaphylactic and tuberculin types of hypersensitiveness; influence exerted by nature of antigen on development of different types of hypersensitiveness. J. Immunol. 20: 333-345, May '31.

MALLORY, T. B. and LAWSON, G. M., Jr.

Chronic typhoid cholecystitis. Am. J. Path. 7: 71-76, Jan. '31.

# ROENTGENOLOGICAL DEPARTMENT

#### HOLMES, G. W.

X-ray examination of heart and aorta. Proc. Internat. Assemb. Inter-State Post-Grad. M. A. North America (1930) 6: 432, '31.

Congenital idiopathic enlargement of heart. Am. J. Roentgenol. 25: 320-323, March '31.

## **BOARD OF CONSULTATION**

## CABOT, R. C.

Social work in hospitals. Nosokomeion 1: 36-42, '30,

Medical ethics in hospital. Nosokomeion 2: 151-161, Jan. '31.

What's worth while in nursing. Am. J. Nursing 31: 277-285, March '31.

## CODMAN, E. A.

Epiphyseal chondromatous giant cell tumors of upper end of humerus. Surg., Gynec. & Obst. 52: 543-548, Feb. (No. 2A) '31.

Rupture of supraspinatus tendon. Surg., Gynec. & Obst. 52: 579-586, Feb. (No. 2A) '31.

## CODMAN, E. A. and AKERSON, I. B.

Pathology associated with rupture of supraspinatus tendon. Ann. Surg. 93: 348-359, Jan. '31.

# METTIER, S. R., MINOT, G. R. and TOWNSEND, W. C.

Scurvy in adults; especially effect of food rich in vitamin C on blood formation. J. A. M. A. 95: 1089, 1930.

# METTIER, S. R. and MINOT, G. R.

Effect of iron on blood formation as influenced by changing acidity of gastroduodenal contents in certain cases of anemia. Am. J. M. Sc. 181: 25-36, Jan. '31.

JACKSON, H., Jr. and MINOT, G. R.

Medical care of cancer patient. Am. J. Cancer 15: 6-11, Jan. '31.

## SMITH, W. H.

Hospital studies of committee on cost of medical care. Tr. Am. Hosp. A. 31: 243-251, '29.

## TOWLE, H. P.

Present status of gold therapy. New England J. Med. 204: 487-489, March 5, '31.

# TOWLE, H. P. and GRUND, J. L.

Progress in dermatology. New England J. Med. 204: 925-933, Apr. 30, '31.

## CONSULTANTS

## SHATTUCK, G. C.

Boston Health League's place in Boston's health program. New England J. Med. 204: 702-704, April 2, '31.

# SHATTUCK, G. C. and BENEDICT, F. G.

Further studies on basal metabolism of Maya Indians in Yucatan. Am. J. Physiol. 96: 518-528, March '31.

### STRONG, R. P.

Onchocerca investigation in Guatemala; report of progress of Harvard expedition. New England J. Mcd. 204: 916-920, April 30, '31.







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